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Comfortable in Your Own Skin:

Becoming a Trainee Therapist of Colour in the Context of
Internalised Racism

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A thesis submitted in partial fulfilment of the requirements of

The University of Edinburgh for the Professional Doctorate in

Psychotherapy and Counselling

July 2016

Abstract

The thesis explores how internalised racism and a sense of professional identity of a therapist of colour affect each other when starting counselling practice with white clients. The fundamental concepts of the research are race, internalised racism, racial identity, professional identity and the dynamic of racial identity and professional identity in therapy. Autoethnography is the methodological approach that is used to comprehend experiences of internalised racism and professional identity. The autoethnographic approach is used in multiple ways through a layered account that moves back and forth in time, and inward and outward between self and culture, demonstrating how early encounters with racism during childhood in Thailand interact with the experience of starting therapeutic practice with white clients in Scotland. The goal is to facilitate readers' understanding of, and empathy with, the experiences of a therapist of colour who has internalised racism. Frantz Fanon's (1952/1991) work on internalised racism and the psychodynamic concepts of transference, countertransference and projection are the main conceptual resources employed to analyse the experiences narrated. The thesis demonstrates that internalised racism influences a therapist of colour to perform whiteness, collude with white clients in denial of racial difference, avoid challenging racial issues in sessions, require white clients' reassurance to prove the therapist's competence, and try to disprove white clients' prejudgements about the therapist due to the therapist's race.

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Acknowledgements

Since this thesis is autoethnographic research, I feel that everyone who has involved in my experiences facilitating my learning cognitively and emotionally, directly and indirectly, through joy and pain, are part of my self-exploration and self-reflection. They are part of my thesis, and they all are appreciated.

I am also grateful for particular groups of people who, in the last 5 years, have been supportive of my journeys in counselling practice and thesis writing. I would like to express my gratitude to:

- My supervisors, Seamus Prior and Liz Bondi, for your interest, effort and guidance in my work
- Christina McMellon for helping me refine the thesis
- My tutors and supervisors in Counselling and Psychotherapy for your facilitation of my counselling learning
- My family for being supportive and understanding in every way. All of these would not have happened without your helps.
- All my friends in Thailand and Scotland for always being by my side, cheering me up, and giving advices
- All my clients, adults and children, for being the facilitators of my counselling journey. I have learnt a lot about myself as a person and as a counsellor from working with you.

Declaration

I certify:

- (a) that the thesis has been composed by me, and
- (b) that this thesis is my own original work, and
- (c) that this thesis has not been submitted for any other degrees or qualifications

Signature:.....

Date:.....

Chapter 1: Inspiration of Thesis

It's time. Two white therapists are walking from the office to the waiting area to take their clients to their counselling rooms. I am waiting anxiously in the office until both therapists have taken their clients to the rooms. I am wondering:

'What does a client look like?'

'Will they be nice?'

'Will they know that I am not from here (Scotland)?'

'Will they mind?'

'Will they be surprised to see me?'

'Will they be disappointed to know that I will be their therapist?'

'Will they prefer the other two white therapists?'

'What if I could see their disappointment?'

'How should I greet them? Should I shake their hand, introduce my name and tell them that I am going to be their therapist? Or should I just shake their hand and introduce my name?'

'Will they wonder where I came from?'

'Should I tell them that I am from Thailand?'

I walk slowly to the waiting area with a smile on my face, hoping that it can conceal all the anxieties.

This is an excerpt from chapter 8 about my experiences when I was going to meet clients for the first time. They were my anxieties and fears of how I would be perceived and judged by clients. From many texts and lectures, I have been taught to be aware not to judge clients. However, what if internalised racism makes me judge myself? The Statement of Ethics 2.6 in COSCA states that “Members recognise and respect diversity and differences between people. Members do not practise, condone or encourage unjustified discrimination or oppressive behaviour.” What I naturally understand from this message is that “Members do not practise, condone or

encourage unjustified discrimination or oppressive behaviour [to the client]” However, being a therapist of colour, it is the reverse of that statement that will have an impact on a therapeutic relationship. Therapists’ internalised racism and oppressive behaviours towards themselves can also block the progress of a therapeutic relationship.

The analysis of trainee therapists' experience in their training programme and beginning of counselling practice, e.g. their struggles or challenges, personal and professional development are discussed in much research (e.g., Folkes-Skinner, Elliott, & Wheeler, 2010; Mearns & Cooper, 2005; Rønnestad & Skovholt, 2003; Thériault, Gazzola, & Richardson, 2009). However, none of these research papers focuses on aspects of trainees' racial identity and differences. The research that is about an experience of trainees of colour in counselling (e.g., Mittal & Wieling, 2006; Watson, 2004) clinical psychology (e.g., Shah, 2010), or education (e.g., Flintoff, 2008) mainly focuses on the experience of studying in the training programmes and briefly discusses the internal process regarding racial issues while practising with racially different clients. Some research is quantitative studies developing measurements to study black and white racial identities to apply in therapeutic dyads when therapists and clients are racially different (e.g., Helms, 1990; Helms & Carter, 1990). Some are qualitative studies interviewing therapists of colour about their experience of working with cultural difference in counselling training (e.g., Mittal & Wieling, 2006; Turner, 2012; Watson, 2004). It is very rare to find an autoethnographic research analysing an experience of therapists of colour working with white clients in depth. Thompson and Tyagi (1996) edit the autobiographies of white and non-white writers who tried to make sense of their racial identities. Boylorn (2013) wrote her autoethnographic research in combination with other methods e.g. participant observation, interactive interviewing, etc., about the lives of black women in Sweetwater, North Carolina, United States. However, these autobiographies/autoethnographies did not include an experience of therapy but mainly focus on racial and gender identities. The research that relates to therapeutic experience (e.g., Rastogi & Wieling, 2005; Turner, 2012) is told by experienced therapists of colour who illustrate how they could manage to work therapeutically with clients regarding racial issues. They are not told by a trainee therapist who, at

that time of practising, was still struggling to make sense of her racial identity. Thus the literature in this area still lacks the analysis of an experience of therapists of colour working with white clients when therapists have yet to come to terms with their racial identity and professional identity. This research aims to bridge the gap between experiences of therapists of colour and experiences of trainee therapists and make sense of the struggles of racial identity and professional identity of therapists of colour. Accordingly, this research examines the internal process of a trainee therapist of colour who has internalised racism and how internalised racism has an impact on a therapeutic process. It aims to contribute to the importance of racial awareness of therapists especially among therapists of colour because an experience of starting practice and encountering racial difference for the first time could affect racial identity and professional identity of trainee therapists of colour, which also affects therapeutic relationship with clients.

1.1 Motivation and Development of the Research

Although I had a fear of coming from Thailand to study counselling and had full counselling training and practice in Scotland, the fear of being rejected or perceived inferior because of my race was not fully explored or examined at that time. It was only when I decided to write about my feelings towards a presentation in the difference and diversity class (discussed in chapter 7) and my experiences of being an Asian student in this white dominant educational context. Then I realised that I had not spoken about my fear and my struggles of being Asian in this foreign or “white” society to anyone. I convinced myself not to write about this topic for my thesis because of many reasons. For instance, I did not want to use my predictable struggles as a privilege for research. I decided to study counselling in Scotland where culture, people, and language are different from Thailand so it was predictable that I would have some struggles because of these differences. Therefore, doing research about being a Thai counsellor in Scotland looked like I created my circumstance of being here and used it to get a degree. I also wanted to prove that I could write about other topics in counselling apart from my racial struggles. I wanted to prove that I could get a degree from researching topics that everyone else, i.e. white students, do.

I felt that writing about my racial struggles would lead people to sympathise with me rather than provide new knowledge. In retrospect, my thinking process at that time showed the impact of my unrecognised internalised racism. I did not want to use ‘the race card’ to claim that I knew racial issues better than others just because I was a person of colour. I wanted to prove that I was as good as others, i.e. white classmates, at doing ‘normal’ research that was not about race. I wanted to disprove a belief that people of colour could only be an expert on racial difference or multicultural counselling. I was stuck in the impacts of internalised racism. After talking to tutors and classmates (whites and non-whites) and exploring my feelings, I realised that I wanted to contribute the knowledge of being a therapist of colour to counselling research because there was little research exploring this area. Moreover, writing about my struggles with my racial identity would reveal the struggles I had been trying so hard to cover and pretend that they did not exist. But it did indeed. Avoiding the difference did not mean that there was no difference. After I started writing about my race-related experiences in the thesis, I felt that I liberated myself, that I broke the silence of internalised racism. And the pain that came with the writing process was bearable. Instead, I started to see a value of reflecting my experiences and sharing them in a hope that they could liberate others to speak up and learn about themselves as well as others.

1.2 Structure of Thesis

Following the statement of the background and significance of thesis, in chapter 2 I review relevant literature that informs my research areas of race, racial identity, internalised racism, professional identity and a relationship between racial identity and professional identity in the therapist of colour and white client dyad. I identify the research gaps and narrow down the focus of the thesis to lead to the research question at the end of chapter 2.

In chapter 3, I present some arguments about how racial identity, internalised racism and professional identity can be studied. The ontology and epistemology underlying these key concepts are discussed. Moving on to methodology, arguments

about data, reflexivity and the use of a layered account as research analysis and presentation are also discussed.

Ethical considerations of writing this thesis using a researcher's self-narratives are discussed in chapter 4. I explore and discuss some debates on the dilemmas of telling my experiences that involve other people in autoethnographic research.

Chapters 5 to 8 tell my race-related experiences at different stages from when I was in Thailand to when I started counselling practice in Scotland. The stories are presented in three different layers: my internal thinking process, my narrative of experiences that happened in the past, and the reflections and interpretations of the experiences.

Drawing together many reflections and interpretations, in chapter 9 I summarise this thesis' contributions to knowledge for therapists, counselling tutors, and all members in our societies, stressing how we need to rethink and re-examine how we feed racial oppression.

Chapter 2: Race, Racial Identity and Professional Identity

The literature that I review in this chapter lays the foundation of my research about race, racial identity, professional identity and the dynamic interplay of racial identity and professional identity in the practice of therapy. These are the key concepts that inform my research. The literature I choose to discuss here is founded on social constructionism, recognising the impact of our historical, political and socio-cultural contexts on how we construct meaning. This literature review guides you to the aim of this thesis, which is to explore and elaborate the experiences of a therapist of colour coming to terms with their racial and professional identities when starting counselling practice with white clients.

Before I start reviewing literature in regard to race, it is important to clarify the reason I mainly focus on race over culture or ethnicity. While some authors attempt to differentiate between race, culture and ethnicity, it does not seem possible to me to clearly differentiate or separate them. Some scholars, for example Atkinson, Morten and Sue (1998), decide to use the term ethnicity over race because they consider race problematic and complicated to be defined. Tyler, Brome, & Williams (1991) try to distinguish between race and ethnicity by arguing that race gives a broader-based concept that groups individuals from various ethnic groups using external physical characteristics as an indicator. However, Dalal (2002) offers a significant notion about using the terms race, culture and ethnicity: that they all are used to serve the same function which is to differentiate ‘us’ from ‘them’ by using similarities and differences. Instead of being pulled into the debate on the difference between race, ethnicity and culture despite the similarity of their function, I decide to use race as a representative term when talking about differentiating people according to their genetic physical appearance which is at the heart of the research.

I review the literature starting with the social construction of race, its context-dependence and changeability in meaning and impacts and how it is studied in this research. The relation between intersectionality, race and skin colour and why skin colour becomes the main attribute of racial difference in this research are also explored. Following the concepts of race and skin colour, racism and internalised racism are reviewed. I focus more on the concept of internalised racism as it is a

significant concept in this research but has rarely been discussed in any literature, especially in counselling and psychotherapy. Moving to an internal process of race, a debate on different ways to study racial identity is discussed with two different perspectives: individualistic and sociological perspectives. I then review literature in the field of counselling and psychotherapy starting with professional identity including feelings of incompetence. I go on to explore how therapists of colour negotiate the relationship between racial identity and professional identity, which leads to an impact on their therapeutic relationship with racially different clients.

2.1 Race as Socially Constructed Concept

Race is a very problematic and complicated concept because it cannot be definitely or universally defined. It is socially constructed, despite its history of being claimed as a scientific way to categorise human into hierarchy (Miles, 1982). Race is empty in its meaning so it is variously filled by one's social, political, and historical background. Thompson and Tyagi (1996:ix) conceptualised that “race is about *everything*—historical, political, personal— and race is about *nothing*—a construct, an invention that has changed dramatically over time and historical circumstance”. I interpret Thompson and Tyagi's argument that race is about nothing in a sense that race is not an entity that exists on its own. Race does not have any intrinsic meaning that is universal and stable. How race is interpreted changes over time and place. For example, from the autobiography of Sandra (Stone, 2007) – a so-called ‘black’ woman who was born to a white parents during Apartheid in South Africa, her racial categorisation was changed between black and white several times depending on the changing of its legalised definition and criteria in South Africa at each time. Salaam (2002) also gives her example of being called India (Indian) in Dominican Republic while she was referred to as black in the United States. And when her skin was darker due to an exposure to sunlight, people in Dominican Republic changed to call her Negra (black). These are some examples to show that racialisation changes through different places and times. In contrast, race is about everything because its power has an impact on every dimension of our lives. Elam and Elam (2010:191) state that race is a ‘daily performance’ that requires ‘cultural staging and social

witnessing' to make it meaningful and powerful. Their metaphor indicates that race is the process that we perform to each other in our daily lives under particular social/cultural structure. How we treat and are treated racially by someone in some context cannot always be similarly described when a cultural stage and a performer change. They suggest we stop asking what race is but start asking when and where race manifests, what it does, and to whom. Knowing the contexts that contribute to racial performance is significant to learn about race. Nevertheless, by arguing that race is neither universal nor static but context-dependent does not mean that individuals do not share race-related experiences and feelings. It is similar to when we say that each person is unique, it does not mean that we do not have something in common. Also, there are some shared experiences among the oppressed regardless of their race. However, there are some unique and fine-grained details and feelings under that shared experiences. I can recognise my experience from the literature I review although most literature is not from Thailand. At the same time, the literature helps me reflect on my own experiences which are unique from other experiences in the literature due to our different 'stages and performers'. An aim of this research is to give you my social, cultural and historical contexts in order to understand how my racial identity developed and manifested in therapeutic relationship with white clients. I then hope that readers can reflect their unique experiences and feelings from my experiences.

2.2 Intersectionality, Race and Skin Colour

This thesis mainly focuses on issues about race. However, it does not mean that issues around gender, class, etc. are overlooked or not related. Boylorn (2014) states that black women simultaneously experience areas of discrimination i.e. race, class and gender so it is not possible to distinguish one from another as it is unclear whether black women are being oppressed due to race, class, gender or all three areas at the same time. Chantler (2005) also stresses the importance of addressing multiple views of marginalisation simultaneously to avoid viewing oppression as a single dimension. She states that the concept of intersectionality which focuses on race, gender and other variables relevant to oppression simultaneously contributes a richer,

multi-dimensional and dynamic analysis. Burman and Chantler (2003) as well as Dotson (2014) address a risk of privileging one aspect of oppression over another that it overlooks inequalities within racially minoritised groups and leads to misreadings and misrecognition of the range of jeopardisations experienced by black women. Burman and Chantler (2003) argue that privileging race over gender presents South Asian communities as homogeneous while the inequalities of women within this minoritised group are bolstered. Dotson (2014) states that race is likely to be identified as the primary form of oppression by a middle-class, able-bodied, heterosexual, Christian, English-speaking, black man. The arguments by Burman, Chantler, and Dotson show that gender inequality among black people tend to be overshadowed by anti-racism campaign. One reason, according to Dotson (2014), is that gender inequality is not a problem for black men, who hold more power than black women, while racism is. Another reason could be that black women also experience racism so they do not see black men as an oppressor but a support and an ally against racism (Holvino, 2008). These discussions show an importance of addressing multiple dimensions of oppression and a problem of focusing on a singular aspect. I agree with the importance of intersectionality when discussing oppression and it is a reason why an individual's context is very important when studying race, gender, or class. Therefore, the fact that I am a middle-class woman is relevant to my race-related experiences. My race-related experiences would be different from other Thai people who come from different background. I stated at the beginning that this thesis focuses on race-related experiences. I am aware that it might lead to a misunderstanding that I am privileging race over other differences e.g. gender, class, etc. and the other differences would be perceived as unimportant or irrelevant. I cannot and will not deny that other differences play a greater or less part in my interaction with people including clients, or that skin colour and gender are interrelated. Persaud (2005), for example, analyses advertisements about skin whitening beauty in Thailand that they target women rather than men. Persaud (2005:217) argues further that Thai men operate their power by "...reducing women to the color of their skin while gazing, evaluating and commenting on them". His argument shows that the issue about skin colour has an element of gender in it. As a Thai woman, I grew up in an environment where most advertisements target

women's skin colour although some Thai men are also concerned with their skin colour. However, this thesis does not aim to discuss the difference of the issues of skin colour between men and women. Although I recognise the argument that women of colour experience multiple dimensions of discrimination simultaneously, I also believe that "...different social contexts may invoke different 'qualities' of discrimination" (Hochreiter, 2011:52). Multiple dimensions of discrimination may happen simultaneously but racial discrimination, especially when it relates to skin colour, is likely to be invoked within my internal process. From my social contexts, skin colour was perceived as the most target among other differences. This thesis will take you on the journey of how skin colour has become the most target difference in my internal process and how it affects my counselling practice with clients.

When discussing race, it is inevitable that skin colour is included. Race and skin colour have been interrelated throughout history. The interpretations of skin colour are one of the significations of racial classification (Tuckwell, 2002). Dalal (2013) argues that some difference becomes more important to some people according to their personal history which gives some values to that difference and amplifies it as the figure while other differences become not only the ground but disappear. Tatum (2002) shares a similar point of view that each of us has multiple identities but we tend to emphasise the identity that we feel the most targeted. What Tatum means about the identity that is the most targeted could be interpreted that it is the identity we feel the most vulnerable with. These explain the reason why I choose to discuss racial difference over gender, class, religion, age, etc. Racial identity is my most vulnerable self. I want to discuss my self-consciousness about my racial difference, especially in relation to skin colour which is my 'figure' while other differences e.g. gender, age, class, etc. become 'the ground' and perhaps out of my awareness.

In addition to a concept about skin colour, black and white are not merely used to refer to certain groups of people based on skin colour but these terms also have other notions. A quality of contrasting and splitting between blacks and whites associates with the same quality between the oppressed and the oppressor; the minority and the majority; the inferior and the superior; the powerless and the powerful; the bad and the good; the colonised and the coloniser; the barbarian and

the civilised; the undeveloped and the developed, etc. These value-laden terms serve as a function to differentiate people. They are also used to define their polarised denomination, that is to say blackness historically and politically functions as the relational opposite to whiteness. The negativity associated with blackness distributes the positivity to whiteness (Meer, 2014). The negativity of blackness and the positivity of whiteness can enhance how an individual perceives their own and other people's skin colours and some stereotypes attached to the skin colours; as Dalal (2002) states, suffering, sin or curse can blacken one's skin. Although those contrastive dichotomies also function as reminders of inequalities in a society (Meer, 2014), it is important not to be caught up in the 'us versus them' mode of thinking. The dichotomised languages make it difficult to recognise the complexity and the overlap between these polarised terms (Walker, Burman, & Gowrisunkur, 2002). I am aware of this issue since those terms are inevitably used in the research. I use people of colour to refer to the broad non-white group and use white to refer to people who mostly are European descendants with white skin colour. I will maintain the original terms each literature uses when citing their work. However, my hope is that we can be aware of the error in languages and reminded that we have multiple identities. It would be wrong to say that all of the oppressed are people of colour or that people with dark skin always identify themselves as black, and vice versa.

2.3 Racism and Internalised Racism

Many scholars including practitioners in counselling and psychotherapy, for example Adams (1996) and Dalal (2002), argue that race does not exist but racism does. This means that people, with or without awareness, use the myth of race to racialise, discriminate or oppress certain groups of people. Adams (1996:10) defines racism as "...any categorization of people on the basis of physical characteristics (such as skin color) that are indicative of putatively significant psychical differences, *whether these ostensible differences are positive or negative, honorific or defamatory*". Adams does not emphasise only the negative attitude that people have towards others. Even the positive attitude towards a particular group of people still holds a racial belief that a person must carry some characteristics, due to his or her

particular race, which are different from other races. For example, idealisation of white people inevitably carries a sense of belittlement of people of colour that they do not have the idealised characteristics that white people are presumed to have. This links to the concept of internalised racism which is discussed in the next paragraph. Since we live in a society where we inevitably receive information about race or culture and simultaneously link it with those who have some physical attributes e.g. skin colour or hair texture that match with the categorised race or culture, it is very likely that we form some racial stereotypes however hard we may try not to apply them. Accordingly, I do not think that anyone can confidently say that they are free from racial prejudice. In my thesis, negative and positive views towards some racial groups including my own are shown in my experiences. However, since the focus of this thesis is about my internal process of racial identity, I do not interpret whether what I experienced with people including clients was considered as racism or not. It is internalised racism that I want to explore because it is the experience that I could feel internally.

Internalised racism has not been discussed as much as racism when people talk about racial issues. Bivens (1995) argues that internalised racism has been overshadowed by other related concepts such as low self-esteem, colourism, stereotyping or self-hatred. Thus, internalised racism is less likely to be recognised. Bivens (1995:2) defines internalised racism as:

...the situation that occurs in a racist system when a racial group oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures and ideologies that undergird the dominating group's power.

From Bivens' definition of internalised racism, it is understood that internalised racism is not a separate concept existing by itself but it relates to institutionalised racism. Internalised racism leads and reinforces an oppressed racial group to adopt attitudes and behaviours to support the power of a dominant group. This corresponds with the definitions of internalised racism of other scholars. For example, Sharma (2005:17) states that internalised racism is "a minority person's internalization and acceptance of negative messages of the dominant group about their minority culture.". Internalised racism sets the belief in "the normalcy of the 'way things are' in our racialized society" (Speight, 2007:129). What a dominant group presents is

what an oppressed group believes is normal, and thus acceptable. Speight (2007) supports the importance of social influences on internalised racism that it is not necessary to have a concrete and direct action to create internalised racism among the oppressed. The embedded societal stereotypes projected to people of colour little by little are enough to gradually form some internal racist beliefs towards their self. Some examples of the stereotypes are that non-white people are labelled as being in second-class, less-developed, and subordinate (Laungani, 2004); the yellow race (Asian) in particular is seen as materialistic, pedantic, apathetic and weak (Marshall, 2004). These racial groups gradually internalise these characteristics determined by dominant others. It is the power of a racist social system that forms internalised racism. The normalcy of a racialised society influences people of colour not only to diminish their sense of self and but also to cherish people from dominant groups. This process sustains a social dominant discourse in which people of colour and aspects relating to them are deficient, inferior and not good enough, while white people and aspects relating to them are powerful, superior and desirable. For example, Kincaid (1997), an Antiguan-American writer, tells her story about the time when she learnt about English manners but then saw English people being ill-mannered. Kincaid (1997:30) told herself that "...maybe they weren't from the real England at all but from another England...". She could not allow herself to believe that the ill-mannered English people came from the same place where she had internalised the racial belief that English people from there were all civilised. This example shows that internalised racism can create an illusion or a rationalisation as a defence mechanism in order to reduce an anxiety provoked by a conflict between an internal reality and an external reality. The rationalisation results in sustaining the normalcy of a racialised society. The process of internalised racism inwardly attacks people's mentality. Therefore, internalised racism is difficult to notice or to be aware of. This is another reason why internalised racism has not been discussed as much as racism where those impacts are projected outwardly against others.

The psychological effects of internalised racism are powerfully, theoretically, and emotionally conceptualised in Frantz Fanon's book (1952/1991) *Black Skin, White Masks*, although he does not use the term internalised racism. What can be drawn from his book is that in a society whose dominant social discourse is

determined by a history of colonialism and white supremacy, 'whiteness' is a desirable superior ideology that people of colour are trapped to seek to. I quoted the term whiteness because it can be interpreted politically and literally. The political term of whiteness is regarded as a social discourse determined by Euro-American dominants as civilised and standard ways of living. The literal term of whiteness is having white skin colour. These two meanings of whiteness are textually analysed in this research. Individuals who internalise the racial stigma will not believe in themselves and in people who share their race (Jones, 2000). This impact can be explained by what Fanon (1952/1991:18) states that "He becomes whiter as he renounces his blackness, his jungle". People of colour with internalised racism desire to become white (literal and political meanings) so they must reject and deny their own racial background. Lawrence (2003:92) gives a definition of internalised racism that supports this phenomena that internalised racism is:

...a situation in which some individuals, groups, and cultures, that have historically been victims of racism and other forms of oppression (directly and indirectly) began to turn this same process of racism and discrimination against themselves and others who have experienced daily and historical racism and discrimination.

From Lawrence's definition of internalised racism, it is likely that people of colour will treat themselves and others from their backgrounds or from other oppressed groups in the same way that they have been treated by dominant racist systems and people. The desire to become white and reject one's racial background can lead to the feelings of shame and guilt. Watts-Jones (2002) explains internalised racism among Africans that the history of slavery leads to two dimensions of shame; shame of being Africans and shame of being shamed. The shame of having a particular ethnicity can diminish one's self-confidence of being and expressing oneself. For the shame of being shamed, Watts-Jones (2002) remarks that it influences a person to keep the primary shame secret and results in binding oneself to the primary shame more tightly. Shame could be another reason why there has not been a lot of research about internalised racism.

Since there has not been enough research on internalised racism, it is important to contribute more study of internalised racism not only to the field of counselling and psychotherapy but also to social knowledge in general. To tackle

racial issues, understanding racism is not enough. As discussed earlier, internalised racism is difficult to notice and acknowledge because its impacts occur internally. It creates an illusion of normalcy and attaches with shame and guilt that could silent a person's voice. Osajima (1993) reports from an interview with Asian American students that racial injuries and conflicts are usually hidden because silence is their strategy to protect themselves and survive. Interpreting quietness as usual Asian culture or shyness can divert attention from unrecognised internalised racism to cultural stereotypes. The lack of attention to internalised racism keeps fuelling racism in our society. Knowles (2010) points out that our mundane, daily, fundamental styles of being in the world contribute to racial classification. We feed a system of racial classification not only by racially discriminating others, but also by doing nothing to change, resist, or challenge the discourse. By telling my race-related experiences in this thesis, I am inviting you to resist, challenge and change our system of racial classification. The better we are aware of how we reinforce them, the more we can do to stop them.

2.4 Concepts of Skin Colour, Racism and Internalised Racism in Thailand

Throughout my experience in Thailand, skin colour is one of the very important attributes that Thai people attach values to. Skin colour in Thailand is critically mentioned in every aspect of an individual's everyday life since they are born if not before. It is apparent in daily conversations e.g. "What have you done? Why is your skin lighter (or darker)?" in commercials, textbooks, etc. Historically, Thai perception of skin colour in relation to beauty and class has been present in Thai literature. From thirteenth century to eighteenth century, an ideal skin colour among Thais was golden yellow but it changed to white when Thai adopted western culture during colonialism in nineteenth century (Supanvanit, 2004). The change of Thai idealisation to white skin colour relates to political, social and cultural revolutions. Thai rulers wanted Thailand to be perceived by western countries as civilised and modern. As white skin colour was perceived as a symbol of beauty, cleanliness, elitism, modernity and civilisation, the idealisation of white skin colour and skin lightening products were adopted and promoted within Thailand (Bunyoo, 2013). As

a result, Thai women started to use whitening lotion instead of turmeric and powder made from marly limestone which would make their skin yellow (Supanvanit, 2004). About Thai attitudes towards dark skin colour, Supanvanit (2004) and Bunyoo (2013) found in Thai literature and media that darker skin colour was related to people with low class and hard labour, which linked to undesirable and inferior characteristics. This historical background explains the development of Thai interpretation of the meaning of skin colour in relations to beauty, class, politics, elitism and colonialism which has become embedded in Thai people's attitude. Since then, the idealisation of white skin colour has been reinforced through the subtle operation of colonialism under capitalism.

Many advertisements and media explicitly and implicitly give a message that being white westerners, having white skin, or relating to white colour will give a consumer privilege and social acceptance. For example, an advertisement for a skin whitening drink showed a sign stating "Reserved seats for white [skinned] people" above some seats in the public transport (Chaipraditkul, 2013; Persaud, 2014). If translated word for word, the sign reads "Reserved seats for white people" but Thai people would generally know that it meant for people with white skin colour not for Caucasian people. A skin whitening cream company advertised its products by offering university scholarships to students who have fairer skin. These advertisements sparked some controversies about racism and discrimination after being released. This kind of media which idealises and promotes people who have white skin colour sends a message to people that having white skin will bring them privilege, popularity and social acceptance.

I do not remember whether I came across any formal discussions on issues of skin colour or racism among Thai people, let alone internalised racism which has not been mentioned as often as racism in general. According to my experience, racism was usually discussed in terms of an oppression or a discrimination that westerners have operated to black people from the history of slavery. Dr. Kitti Gunpai, an Assistant Professor of Communication Arts in Chulalongkorn University states that Thai people do not associate black or dark skin colour with the history of African slavery but rather Thai people associate black or dark skin colour with unattractiveness, low social status and inferiority despite the similar sense of social

oppression (ASTV, 2013). After a row about the fact that Naomi Campbell's skin colour was lightened for a cover photo of Vogue Thailand magazine, Kullawit Laosuksri, the editor in chief of Vogue Thailand argued that they did not have any intention of racial prejudice underneath the decision to lighten Naomi's skin colour but it was purely art (ASTV, 2013). These examples show that racial issues in Thailand are neglected and avoided, intentionally or unintentionally because Thai people do not think that undermining someone because of their skin colour is considered as racial discrimination. Some Thai people think that westerners are too sensitive about racial issues. I would say that, as a Thai, we think about the issues too little. Not only do we neglect a racial oppression, we normalise it and justify it. In terms of defence mechanism, we rationalise the racial oppression that it is about arts, beauty, attractiveness, fashion, class, education, etc. – everything but race. Thailand, from individual level to institutional level to national level, strives for globalisation and modernity. Some Thais believe that whiteness also symbolises the globalisation and modernity so they keep feeding racist and sexist systematic beliefs openly to achieve that goal and desperately get away from our roots which symbolise uncivilised, undeveloped, or low class status (Persaud, 2005; 2014).

2.5 Racial Identity

As mentioned earlier, race is a controversial and complicated concept that needs historical, political, and socio-cultural contexts to understand its manifestation. Racial identity is no different. People learn their racial identity. The racial identity that people identify with is not necessarily similar to their social expectations. Tatum (2002) told her experience of having a conversation with a white student who said that he identified himself as black due to his poor, working class status and he always ticked 'black' when filling documents. Tatum argues that although the student felt that he belonged to a black group and chose to identify himself as black, it was undeniable that he would more or less still have some privileges of being seen as white. Springer (2002) –a black woman- was criticised for talking like how white people talk while Schutze (2002) –a white man- was criticised for talking like how black people talk. People expect or even shape us to behave in accordance with

social expectations. Individuals may feel that they belong to other groups so they behave in a way that is inconsistent with what other people expect from them. However, their resistance cannot change the system of racial classification determined by our social dominant discourse. That student may be able to choose what identity he identifies himself with but he also has to acknowledge that his society still provide some privileges to him regardless of his internal identification. These examples show the complexity of our racial identity. It is too complicated if not impossible to pinpoint whether racial identity is imposed on us or we can choose how we identify our racial self. Trying to debate this is not the way to learn about racial identity. Instead, we have to know one's socio-cultural context since childhood to know the process of their racial identity which may not align with wider social expectations.

We develop our racial identity through relationship with others since childhood. Our racial identity is influenced by implicit and explicit messages we internalise from our family and community in early life, thus our racial attitudes are unique according to our race-related experiences (Tuckwell, 2002). The internalisation is initially learned from the imposition of sameness and otherness (Frankenberg, 1996). In other words, our identification of who we are is also facilitated by knowing who we are not. This corresponds to the prior discussion about the function of race that divides us from them. To understand how individuals perceive their racial identity, we need to understand their social, political and historical contexts since childhood that influence their racial attitudes.

Despite the dynamic complexity and context dependence of racial identity, many psychologists try to develop models to describe its development. For example, Helms (1995) develops the models of racial identity ego statuses of white people and people of colour, and Atkinson, Morten and Sue (1998) develop the minority identity development model. Although there are some details that are emphasised and presented differently, these models whether it is white people, people of colour or minority ethnic seem to share a similar theme. The theme starts with the idea that an individual is not aware of a racial oppression and accepts the values established by a social dominant discourse, then comes dissonance and polarisation into racial in-group and out-group leading to idealising one's own racial value and rejecting the

other's. Individuals eventually move from a rigid, generalised and polarised perspective to a flexible, autonomous, self-governing and individual-basis value. Despite the fact that psychologists acknowledge the social construction of race, they still aim to develop individualistic, universal and generalisable models and racial development inventories as a guideline for practitioners. Developing racial identity models and inventories risks dismissing individuals' political and historical contexts and reducing their fluid identity to developmental phases (Thompson and Tyagi, 1996). Although my research shares some aspects with the theme of racial identity development, my fundamental aim is different from the psychologists whose aim is to assess people's racial identity. I do not aim to support any model of racial identity development or categorise my racial identity. I even hesitate to use the term 'development' in relation to racial identity because the term development implies the hierarchical advancement of one's racial identity. As can be seen from the theme of racial identity development mentioned earlier, it starts from undesirable elements and moves towards desirable ones. However, sometimes it is the emotions we may consider as negative and undesirable, such as anger, that bring awareness and drive changes in society (Jensen, 2005). I do not consider racial identity as a development to level up or down between different stages. A lot of thoughts and feelings about one's racial identity and race-related experience could happen at the same time or change rapidly from moment to moment, from one relationship to another if we are quick to be aware of them. One of the Black and Minority Ethnic trainees in Shah's study (2010) gives a significant perspective on her negotiation of her racial identity that her racial identity is not fixed but varied depending upon where and whom she is with. Thus, similar to the concept of race, I believe that we cannot study racial identity if we exclude all of the surrounding factors that contribute to it. What I aim for is to have you experience the dynamic nature, ambiguity, complexity and context dependence how my racial identity processes through my experiences and to examine the relationship of my racial identity with outer race-related experiences. Racial identity process should be observed within a context of individuals' history so my race-related experiences since childhood are significantly included in the research. Thus, the literature that grounds my research is mostly drawn from sociologists and therapists whose perspectives lean towards social constructionism

and embrace a diversity of context-dependent experiences.

2.6 Professional Identity

In addition to racial identity and racial issues, it is necessary to review some literature on the professional identity of therapists and related professionals in order to understand the experience of becoming a therapist of colour entering a therapeutic relationship which is the focus of this research. Literature reviewed here provides an understanding of how therapists (white and non-white) view their professional identity through their experiences before narrowing the scope of literature to professional identity that relates to racial identity and professional identity of therapists of colour respectively.

Professional identity of therapists does not have a singular definition. Following the perspectives on social constructionism, professional identity is dynamic, fluid and changes over time (Alves & Gazzola, 2011; Tyler et al., 1991). Despite the similarity of general qualities of professional identity, these two studies: Alves and Gazzola (2011) and Tyler, Brome and Williams (1991), focus on two different dimensions. Tyler, Brome and Williams (1991) emphasise therapists' professional identity within their therapeutic context. They argue that therapists' statuses and roles are determined by an interaction between clients and therapists. In a therapeutic context, it is an explicit and implicit agreement between clients and therapists that determines therapists' statuses and roles. This agreement, in my opinion, whether it is done explicitly or implicitly, potentially affects the quality of a therapeutic relationship. How clients and therapists perceive and expect about each other's statuses and roles more or less influences their interaction with each other. Sperry and Carlson (2014) state that a therapeutic relationship begins at the first contact between therapists and clients, if not before, and continues until the last contact (see section 2.8 for examples). Accordingly, it can be understood that therapists' and clients' expectations and determinations constantly shape therapists' professional identity since their first meeting and can change throughout therapy. Their personal and racial identities inevitably have an impact on their perceptions and expectations of each other including themselves in therapy. Thus, according to

Tyler and colleagues (1991), who and what therapists are will change from client to client. It is a process that cannot be defined only by therapists per se but it must be negotiated with clients through their therapeutic planning and reviewing. It seems to me that Tyler and colleagues' perspective on therapists' professional identity, without being mentioned, also concerns unconscious dynamics in therapeutic relationship i.e. transference, countertransference and projection.

Skovholt (2012), Alves and Gazzola (2011), on the other hand, conceptualise professional identity from a more individualistic dimension despite their acknowledgement of contextual impacts. Skovholt (2012:67) conceptualises therapists' professional identity as "...a coming-into-focus process about the self as a therapist or counsellor". By 'process', he emphasises the quality of changeability of identity like a cycle that goes round but deepens. It is the process of regularly reflecting and reviewing one's identity using the feedback from themselves and others. Skovholt (2012), Alves and Gazzola (2011) are in accordance with the impactful relationship between professional identity and personal identity despite their difference in illustrations of the interaction between the two. Alves and Gazzola (2011) order the influences on therapists' professional identity into three levels based upon the degree of the impact. The core of professional identity is mostly influenced by therapists' personal identity i.e. their personal experience in their life. The peripheral influences are therapists' work experience, their confidence and competence in their roles, therapeutic setting, their sense of belonging in the profession and their professional certification, etc. Skovholt (2012) describes a relationship between personal identity and professional identity as an identity whirlwind, thus inseparable but interwoven. It does not mean that the identity whirlwind is always congruent because identities can be conflicted. What we can draw from these two illustrations is that one's personal identity has an impact on their professional identity and vice versa and at the same time the two identities are intertwined. Skovholt (2012) mentions that professional identity might as well be therapists' idealisation of their professional self. The idealisation of professional identity is the identity that therapists, at that time, thinks that they are supposed to develop. The idealised professional identity may not turn out to be what therapists eventually become. Novice therapists are likely to be confused with boundaries and

compatibility between their personal self and their professional self that they may have idealised and may try to suppress their personal self in order to act professionally (Skovholt, 2012). I think that most trainee therapists are more likely to idealise their professional identity than experienced therapists who may have more or less developed a professional identity their personal identity is congruent with. According to Skovholt's (2012) arguments, it can be understood that therapists have to be in a process of negotiating between their personal and professional identities and therapists who have more experience in life and in practice are more likely to find a compatibility of their personal and professional identities. However, it does not mean that the process of negotiation will end once therapists become experienced or that experienced therapists will not have any doubts about their professional identity anymore.

Therapists' feelings of confidence and competence do not, however, always correlate to their work experience. Many therapists despite years of experience still have "...moments where therapists' belief in their ability, judgment and/or effectiveness is diminished, reduced, or challenged internally" (Thériault & Gazzola, 2005:12). Since I support the argument that feelings of incompetence can also happen to experienced therapists, I do not treat the literature about trainee/student/novice's self or identity as a fixed stage of identity. That is to say that I do not limit implications of the literature about trainee, student or novice therapists only to the stage of being inexperienced by a number of years of practice. An impact of therapists' feelings of incompetence can hinder or benefit a therapeutic relationship. According to Thériault, Gazzola, and Richardson (2009), therapists who have feelings of incompetence would not take dynamic in therapy for granted but try to be attentive, reflective and analytical to it so as to adjust their pace accordingly. However, feelings of incompetence could attack therapists' self-esteem and made them feel stuck and powerless. Feelings of distance, mistrust and resistance resulting from communication obstacles based on differences could also enhance therapists' feelings of incompetence (Thériault & Gazzola, 2006). Based on an assumption that clients could recognise therapists' effectiveness, credibility and trustworthiness when therapists show that they are competent and know what they are doing (Sperry & Carlson, 2014), this communication can happen in the other way round as well.

Clients may be able to detect a sense of doubtfulness, insecurity and lack of confidence and competence from therapists who are feeling incompetent at that time.

To combine the two perspectives of Skovholt (2012), Alves and Gazzola (2011) and Tyler, Brome and Williams (1991) on the concept of professional identity of therapists, it can be concluded that therapists develop and form an understanding of their professional identity which is then negotiated and performed with clients under a therapeutic process. Therapists' experiences with people in life and with clients in therapy will reshape and renegotiate their professional identity. Because professional identity is neither stable nor universal, I think that the best way to understand it is through reflecting on therapists' continual experiences of understanding and renegotiating their identity when interacting with clients. I am aware that the prior discussion suggests that professional identity of therapists cannot be determined by therapists per se since clients are part of it too. Therefore, some clients' relevant experiences told by researchers or therapists are still reflected in this literature review although my principal focus is on therapists' point of view.

I do not want to limit the boundary of my research only to a scope of a trainee experience even though this research focuses on a therapist's experience before and during the beginning of counselling practice. According to the reviewed literature, racial identity (or personal identity) and professional identity are dynamic and context-dependent. They are not distinct stages or phases of development. Feelings of incompetence and some challenges about my racial identity during the beginning of my practice can resonate even momentarily after years of gaining more experience. For example, after more than three years of counselling practice, I am still struggling with addressing racial difference with white clients. I wrote what I 'planned' to say regarding our racial/cultural differences and rehearsed it several times. This behaviour of planning and rehearsing what I would say to a client reminded me of when I was in the beginning of my practice with the very first few clients. I was not entirely back into the beginning stage since there were no anxieties around other issues e.g. time boundary, counselling contract, languages or professional competence, but the challenges of racial identity and fears attached to it manifested again. My experiences before and during the beginning of my practice are

used to illustrate the challenges of my racial and professional identities because the experiences during that time are vivid and strong. It does not mean that I do not have these challenges again after gaining more experience in therapeutic practice. I am aware that there is a risk of making the thesis ambiguous especially when the term ‘trainee or novice’ is used but it is my hope that you use the experiences in this thesis to reflect on your momentary experience when you may struggle with your racial or professional identity despite years of therapeutic practice.

2.7 Racial Identity and Professional Identity

I have separately reviewed some literature on racial identity and professional identity. It has already been discussed that therapists’ personal identity has a tremendous impact on their professional identity. Since personal identity includes one’s racial identity, it is important to look into how therapists of colour negotiate between their racial identity and their professional identity before looking into an impact on therapeutic relationships with white clients in the following section. This section explores a negotiation between the two identities among therapists of colour.

Some Black and Minority Ethnic (BME) trainee clinical psychologists reflect that during their training experience, BME trainee clinical psychologists sometimes separate, negotiate or integrate their personal identity including racial identity with their professional identity (Rajan & Shaw, 2008). They also share some ambivalent and resistant feelings of being assigned as the experts in issues of race and culture (Rajan & Shaw, 2008). Being assigned as the experts in racial and cultural issues, in my opinion, fuels a feeling of being different in BME trainees that they have a particular cultural skill because they come from non-white background or that they are born as BME. Thus, BME trainees in their training programme may struggle to feel comfortable with who they are as a person and a professional without diminishing one of their identities in order to fit in with the other. This research finding associates with what Skovholt (2012) argues earlier in the prior section that trainees may struggle with a relationship between their personal identity and their professional identity. Shah (2010) gives a reason for a difficulty of BME people to

bring their racial identity into the profession that they fear of being excluded and judged. Bringing racial identity into the profession seems to make the racial difference stand out. This shows a paradox of a relationship between racial identity and professional identity. On one hand, racial identity may benefit professional identity in a sense that therapists of colour are seen as having multicultural competence. On the other hand, emphasising racial identity in professional identity can be perceived by therapists of colour in training that the racial difference is being enhanced and polarised. There is a fear that they would not be perceived as professionals but stereotypical people of colour who address racial issues to look for racial connotations from white people. Trainees' anticipation of being judged based on their negative racial stereotypes can also diminish their professional status (Shah, 2010). However, Walker, Burman and Gowrisunkur (2002) discuss an idea of bringing racial identity to professional identity from experienced therapists' point of view that it can help therapists of colour to explore and reconfigure the therapists' racial and professional identities. This idea supports what has been discussed earlier that racial identity and professional identity are usually in a process of reviewing and renegotiating within and between each other.

Some people of colour feel that they stand out because of their skin colour, which makes them concerned whether people perceive them based on negative stereotypes associated with their skin colour or not (Shah, 2010; Sharma, 2005). They are also concerned that they cannot fit in because of their racial difference. One of Shah's participants said "...the professional identity status can almost make the 'racial'/cultural identity invisible..." (2010:70). What the participant said seems to show an impact professional identity has on racial identity that professional identity could take a role of a rescuer as a mask if trainee therapists of colour want to 'hide' their racial identity. Not only does the professional identity give therapists of colour a sense of belonging and power, it can serve as an illusory blind for racial difference. The illusion of the invisibility of racial difference is created behind professional identity. I call this process as the illusion of invisibility because, according to Laungani (2004), racism including internalised racism inescapably presents in the process of counselling. Allowing racial difference to be buried under professional identity does not make the difference disappear. Paradoxically, despite the visibility

of racial difference, therapists must attentively make the difference ‘visible’ in order to have a conversation about it.

The literature shows that racial identity and professional identity influence each other. In some situations and to some people, racial identity and professional identity support each other but they may also hinder each other in some other situations and to some other people. These relationships between racial identity and professional identity are among the main discussions in my thesis. Because the issues of racial difference in therapists of colour can be buried under professional identity, I aim to openly examine racial issues especially internalised racism in therapy and make them visible for discussions in this thesis.

2.8 Therapists of Colour and White Clients in Therapy

Therapy is a place where therapists’ personal identity including racial identity and professional identity are brought into and renegotiated within a therapeutic relationship with clients. Racial issues that are mostly discussed in racially different therapeutic relationships are the debates about racial matching in therapy (e.g., Dhingra & Saxton, 2004; Liggan & Kay, 2006) or how to address issues about racial difference in therapy (e.g., Cardemil & Battle, 2003; La Roche & Maxie, 2003). If the studies are about attitudes of therapists and clients, they are mostly about white therapists’ prejudice, lack of racial awareness, or cultural competence/sensitivity (e.g., Constantine, 2007; Sue et al., 1998); and clients’ mistrust, resistance, projection, or transference towards racially different therapists (e.g., Grier, 1967; Mier & Witty, 2004; Yi, 2006). Moreover, when racial issues are discussed in terms of experiences of therapists of colour, it is usually about therapists’ situational experience of racism in therapy and how they work therapeutically with it (e.g., Ali et al., 2005; Tan, 1993). Accordingly, it is very rare to find studies about an internal process of therapists of colour when working with racially different clients, especially when therapists are in training and have internalised racism. Thus, I want to fill the gap in research in counselling and psychotherapy by studying a journey of a therapist of colour who had internalised racism and was at the beginning of an

exploration between her racial identity and professional identity. This thesis aims to examine the researcher's experience when starting to work with white clients given the researcher's race-related experiences since childhood.

Although racial issues regarding racial difference between therapists and clients have been discussed more often in terms of a white therapist – client of colour dyad, a therapist of colour – white client dyad has occasionally been in discussion even in the mid-20th century when therapists of colour were fewer than today. Many scholars argue that therapists' race evokes some internal conflicts or anxieties in white clients that potentially leads to transference and projection (Curry, 1964; Gardner, 1971; Grier, 1967). Curry (1964) analyses therapeutic relationship between his black therapist supervisee and a group of white neurotic patients arguing that the therapist's black skin can motivate symbolic processes e.g. devils and darkness, fears, fantasies and counterphobic reactions. The patients' response to racial difference may: a) detect the therapist's insecurity and put him or her through some tests, b) avoid or deny racial issues probably to protect the therapist, c) accept the therapist's race.

One of the issues in a therapist of colour – white client dyad is status contradiction or power reversal between the low status of being a member of people of colour in external society and the high status of being in the expert role in therapy (Comas-Díaz & Jacobsen, 1995; Griffith, 1977; Littlewood & Lipsedge, 1982; Thomas, 2000; Tyler, Brome, and Williams, 1991). Psychotherapy is traditionally developed from an assumption that therapists are the experts and able to cure patients' mental illness (Gergen & Gergen, 2010). Despite the fact that it is a therapeutic relationship that facilitates therapeutic outcomes (Kahn, 2001), some people may still adopt a medical model that therapists are an expert who will fix their problems. This frame of thinking puts therapists into a powerful position. The power reversal and the status contradiction affect the internal process of therapists of colour in working with white clients especially when therapists of colour are struggling with their racial identity. Therapists of colour may have some anxieties about white clients' acceptance, an impact of racial differences, therapists' own ability to keep clients, and therapists' conflicts of their racial identity (Gardner, 1971). Instead of taking the role and the responsibilities as a therapist which supposedly comes with

power of expertise, therapists of colour who look for white clients' affirmation and acceptance risk giving the power and the responsibilities to white clients (Tyler et al., 1991) and let the social dominant beliefs influence their behaviours in therapy. Accordingly, these anxieties could lead the therapists of colour to: a) perform 'whiteness', b) collude with white clients in denial of racial difference, c) avoid working with white clients or challenging racial issues in sessions, d) confront with white clients about their racial attitudes right at the outset, e) require the white clients' reassurance, f) prove their competence, or g) disprove white clients' prejudgement (Comas-Díaz & Jacobsen, 1995; Gardner, 1971; Griffith, 1977; Laungani, 2004; Mirsalimi, 2010). Some therapists of colour, on the other hand, will prolong an anxiety and discomfort white clients may have as it gratifies the therapists, or the therapists may respond to the clients' anger by rejecting them or educating them about the therapists' race (Jackson, 1973). Alternatively, if therapists accept the mistrust of this particular dyad that clients are never going to trust them, the therapists potentially limit the capacity to build trust in the therapeutic relationship (Tyler et al., 1991). This literature, in conclusion, shows that therapists of colour who struggle with their inferiority-superiority conflicts may act out their anxieties by giving in to social dominant beliefs or behaving against them in some extreme and non-therapeutic ways which could also be interpreted that therapists of colour still tie themselves to those belief systems.

Having said that, I am aware of the complexity involved in identifying whether therapists of colour are conforming to the social dominant systems or resisting them. Similar to the complexity of racial perceptions and interpretations in our interactions in external society, a therapeutic relationship is more or less affected by this racial complexity and sometimes it leaves us with confusion about whether our behaviours have racial connotations or not. Pitts (2002) interestingly titles the chapter he wrote about racial confusion 'Crazy Sometimes', which I think represents a struggle of people of colour who live their lives wondering whether what they experience results from racial prejudice or not. This not-knowing can drive us crazy. Pitts (2002:23) wrote "...if folks who hate you would stand up and declare it, you wouldn't have to go through your day on guard against the world, wondering". This shows that people of colour are not just dealing with racial prejudice but are left

wondering and not knowing whether what happens is racially caused or not and how they should respond to it. Osajima (1993) interviews some Asian American students about their experiences of the impacts of racism in a campus life. One of the students responds that what troubles them most is to wonder whether his feeling of being looked at because of his race is real or imaginary. Some students, without reporting any experiences of discrimination, say that their social difficulties stem from the feeling that people might judge them according to their race and they feel that they want to 'look back'. In therapy, therapists of colour are sometimes in doubt about whether some issues or challenges that arise in therapy result from racial difference, clients' pathology or other factors (Gergen, 1968; Shah, 2010; Turner, 2012). Gergen (1968) argues that people of colour would be identified according to their race first and then individual characteristics later, and people of colour will look for some cues of how they are assessed due to their race and have to distinguish between reactions to their skin colour and reactions to them as a person. Therapists may not have a chance to explore these issues with clients when premature ending occurs and could be left wondering what led to the ending. For example, Altman (2000), a Jewish therapist, examines his reluctance to confront a black client from whom he received bounced checks. Altman was aware of his resistance to behaving in a way that complies with the stereotype of the greedy Jew the client might have about him. He also questioned his thought that the client was probably going to cheat him, as it might have come from his racial prejudice about black people. He analysed that the preconceptions he and the client may have about each other coincide with their responses to the situation in therapy, such that it was too complicated to pull them apart. When situations influence therapists and clients to behave in accordance with their own racial stereotypes, therapists, either experienced or trainees, could be confused, as to whether or not their behaviours are influenced by racial stereotypes. Moreover, these arguments and examples about people of colour including therapists of colour, struggling to differentiate people's reaction and whether it directs to their skin colour or them as a person seem to show the desire to separate their racial identity from their personal identity. In other words, it is the desire to be identified as human being without any racial stereotypes attached to it. These confusions about working with racially different clients are discussed in this thesis in order to explore

some struggles of being left with the unknown as well as of raising racial issues for discussion in therapy.

Although my research does not focus on clients' experiences but experiences of a therapist of colour, it is undeniable that a therapist's experience is consciously and unconsciously affected by how clients consciously and unconsciously interact with them or even by their speculation of how clients might do. Thus, it is important to have a sense of what white clients could possibly think and feel when entering into a therapeutic relationship with therapists of colour in order to understand an experience of therapists of colour entering into a therapeutic relationship with white clients. Seeing therapists of colour could cause cognitive dissonance in white clients since their racial history gives them more power in society but they become the person in need and the less powerful one in therapy. The conflict about the status contradiction also reflects some clients' belief that therapy is not client-centred but therapist-led. If therapists are white or come from familiar cultures, some white clients may feel relieved that they are in safe hands and will not be mistakenly led in a 'wrong' direction (Davids, 2011). However, if therapists are people of colour, some white clients might: a) avoid working with the therapists, b) resist establishing a therapeutic relationship, c) put the therapists through some tests, d) deny racial differences probably to protect the therapists, e) grant the therapists an exceptional status and welcome them to the superior group (Curry, 1964; Griffith, 1977; Littlewood & Lipsedge, 1982). White clients' initial reaction when they are going to work with therapists of colour can be varied from surprise and anger to relief and optimism (Jackson, 1973; Leary, 1997). It is uncommon to have therapists of colour especially in generic counselling agencies that offer counselling service to the public not particularly to minority ethnic groups, so white clients may not expect this pairing and can be surprised (Thomas, 2000). Walker (2004:40) gives a narrative example of her white client when she realised that Walker was going to be her therapist as follows:

...I remember seeing you walk down the stairs – and I saw that you were black! I just wanted to get up and run out of here. But I was desperate, and I wanted to be polite. I'm so glad I stayed and gave you a chance. When we got to your office, I was amazed at how well you spoke English and that you were saying some things that made sense to me. So I decided to come back, and by the third visit, I knew you were going to be good, and now it's hard for me to even think

about being without you.

The narrative expresses that the client was shocked to know that she was going to have a black therapist. Her expression carries a sense of herself being superior while seeing the black therapist as an inferior who could amaze her with English skill and intellectual prowess. The client also expresses her power despite her desperateness of being helped that she was the one who offered the therapist a chance (to help her). The white client's superiority-inferiority attitude could also be hidden in symbols and most of the time not easily accessible (Thomas, 2000). Moreover, the statement also reflects the client's fear of being perceived as a racist (or impolite in her statement) if she had suddenly left just after knowing that the therapist was black. The therapeutic relationship developed after they had been working together. However, not all clients would decide to give therapists of colour a chance and stay until a therapeutic relationship is established. Clients who have negative attitudes about this pairing may become angry since they perceive the matching as depreciation (Jackson, 1973), which could accordingly lead to a premature termination (Iwamasa, 1996). In fact, sometimes it is not necessary that clients have to meet therapists to have the reactions. Therapists' foreign name is a strong enough stimulator (Mirsalimi, 2010). On the other hand, some white clients who have a history of positive experience with people of colour or identify themselves as the oppressed would be more comfortable working with therapists of colour and share some stories that may be considered as different or marginalised (Jackson, 1973) and that could help catalyse the clients' feelings of oppression, victimisation and powerlessness (Comas-Díaz & Jacobsen, 1995). However, what the clients identify with is what they believe that the therapists of colour may possess which could have been distorted (Cavenar, JR. & Spaulding, 1978). From this literature, it can be understood that some white clients may not usually expect to work with therapists of colour and with the stereotypes and power dynamic from external social discourse, therapists of colour represent some symbolic and meaningful aspects that could trigger white clients' reactions.

2.9 Conclusion

In conclusion, the literature about the relationship between racial identity and professional identity reflects their complex dynamic interplay. The conflicts and the supports between the two influence how therapists feel, think, and behave in therapy. The perceptions clients and therapists have towards each other also add some elements into the complexity. However, there has been little literature about internalised racism in counselling and sociology. Internalised racism has been overshadowed by racism despite their different conceptualisations. The issues of skin colour and internalised racism particularly in Thailand have been neglected and there have been few Thai therapists studying and practising counselling in western contexts. Therefore, there is no study on Thai therapists who have internalised racism starting to practise counselling in western context. There is some research about racial identity in the field of counselling and some research about professional identity. However, an in-depth research studying about the relationship between racial identity and professional identity especially among trainee therapists of colour at the beginning stage of their practice has still under developed. According to these gaps in research, what I aim to do in this thesis is to narrate and reflect this complex dynamic between racial identity and professional identity for a therapist of colour who has internalised racism in the context of working with white clients during the beginning of counselling training. The ambiguity and uncertainty of the therapist's racial and professional identities are explored and elaborated. This leads to the question this research aims to investigate:

How does internalised racism and a sense of professional identity of a therapist of colour affect each other when starting counselling practice with white clients?

Chapter 3: What I Study and How I Can Study Them

In the previous chapter, I examined the concepts of race, racism, skin colour, internalised racism, racial identity, professional identity and a relationship between racial identity and professional identity in therapy. I emphasised the importance of one's historical, political and socio-cultural contexts in order to understand how they construct and perceive their racial and professional identities. Race-related concepts in Thailand were then discussed in the chapter. I pointed out a gap of research in counselling and psychotherapy that it still lacks in an exploration of an internal process of a trainee therapist of colour who has internalised racism and starts working with white clients. The attempt to fill the gap leads to the research question that sets the thesis framework as follows:

How does internalised racism and a sense of professional identity of a therapist of colour affect each other when starting counselling practice with white clients?

In order to show you how internalised racism interacts with professional identity, it is important to revisit the concepts of internalised racism, racial identity and professional identity explained in the literature review chapter to discuss how these concepts can be known. Thus in this chapter, I address epistemological arguments about how internalised racism, racial identity and professional identity can be studied, which leads to establishing the methodology for this research. Then, I will investigate what we may call data in this research and how I present and analyse it.

3.1 Ontology and Epistemology of Internalised Racism and Professional Identity

In chapter 2, I argue that race is an empty term that people add values to through their performance or relationship with others. Similar to racial identity, professional identity is also a dynamic term that changes over time and is defined by a relationship between individuals, mostly between clients and therapists. Thus, the conceptualisation of racial identity and professional identity is that they do not exist

on their own. Racial identity and professional identity are an experience that needs performers, time and a stage working together in order to be performed, to be known. They cannot be captured, measured, categorised, ordered, or studied as the single, universal Truth because they will lose their quality of changeability and fluidity. They must be studied in motion portrayed by multiple performances. Accordingly, the epistemological stance that determines how I study racial identity and professional identity is based on postmodernism. Postmodernism aims to liberate people from believing in the single Truth but to embrace multiplicity of life, reality and knowledge (González, 1997; Gergen, 2009). Context-dependence of racial identity and professional identity is explained by a perspective of social constructionism that nothing can exist on its own without relations to people and cultural settings (Gergen & Gergen, 2008). Identity, racial identity, internalised racism and professional identity all are socially constructed because people add values and meaning to them and construct their meaning through relationships. Having said that racial identity and professional identity are performed by individuals interacting through their relationship with each other under a specific time and context, it does not mean that they can be studied like a snapshot of an incident without considering broader historical and cultural backgrounds. Callero (2003) argues, within social constructionism, that the self should be conceptualised beyond the immediate situation by including broader historical and cultural settings. Each individual (performer) has their own historical and cultural background that they project to relationships and socially construct some meaning of racial identity and professional identity. That is a reason why I have to study the current and the broader contexts that lead to the constructions of racial identity and professional identity. Therefore, to explore the relationship between racial identity and professional identity of a therapist of colour when starting counselling practice with white clients, it is essential to look into not only their counselling context but their personal history including a cultural history of the therapist of colour as the principal performer. This research will then explore race-related experiences of the therapist of colour since childhood.

This thesis particularly investigates the concept of internalised racism as a significant part of racial identity of a therapist of colour. Internalised racism is not an

apparent concept that is explicitly performed. While I was experiencing shame, guilt, rejection, discrimination, powerless, etc., I could not understand, articulate or name what was going on at that time. What makes difficult to apprehend and study about internalised racism is that people may not even be aware that they are being oppressed. Kaufka (2009:141) describes its problem as follows:

The problems that arise from internalized racism are often unidentifiable because we do not have ways of making them visible, understanding that they come from the outside world, and confronting them. We struggle over and over with the same issues as they repeatedly resurge all over our lives. We strive and strain to overcome our problems, and time and time again, we 'fail'. We blame ourselves and further sink into cycles of self-deprecation. We solidify notions that we are failures, further internalizing racism.

It is likely for people with internalised racism to be silenced both by themselves through shame and guilt, and by an oppressive system that does not let them speak. If a person is reflective, open and courageous enough, they can potentially narrate their experience of internalised racism. Internalised racism is not an object to be seen but it is an on-going experience to be felt. Thus, to narrate internalised racism is not to describe what it is but to describe how it feels like to live with it with details of a context when it is felt. Resonating with the feelings of internalised racism is how the concept of internalised racism can be intellectually and emotionally understood and empathised. I have experienced the feelings of internalised racism. I have been trained to be reflective of what is happening internally and externally. I have been diving into the stream of internalised racism with a reflexive skill and now I am ready to talk about it, to tell you how it feels like being in there, living in it. I want internalised racism to be understood, felt, unveiled, empathised thus known. Therefore, it leads to the decision to use myself as the research subject and case study for this research.

All in all, internalised racism and professional identity which are the key concepts I explore in this research are not the entities to be searched for. They are living experience that must be felt, empathised and resonated with in order to experience and understand them. To make that happen, rich descriptions of a scene portraying what is happening internally and externally within a therapist of colour,

between the therapist of colour and white clients, and between the therapist of colour and their race-related culture and history must be narrated.

3.2 Single Case-Study Research

The ontology and epistemology of racial identity, internalised racism and professional identity shows that these concepts are relational and dynamic experiences. They cannot be overtly seen. They are living experiences that must be felt, empathised and resonated with. Moreover, not everyone will come across these experiences and it is even more difficult to be aware of and articulate them. Because of these complex characteristics of these three concepts, I will present arguments for why I think that conducting a single case-study research is a suitable methodological approach for the study.

Flyvbjerg (2006) explores the characteristics of case study and its importance, arguing that case study produces context dependent knowledge which can move one's knowledge from being a beginner to being an expert. I am not going to claim that my thesis can help therapists to suddenly become an expert in working in cross-racial therapy. However, therapeutic relationship, racial identity, internalised racism and professional identity are very complex concepts which can only be fully known in context. Therapists cannot rigidly follow rules A-Z in order to work therapeutically with clients. Particularly in cross-racial therapy, therapists' and clients' awareness of their racial identity inevitably affect their therapeutic relationship. Even studying racial identity in itself depends on one's race-related experiences in the past. Context is necessary to understand how race is performed, as Elam and Elam (2010:191) argue, race is a 'daily performance' that requires 'cultural staging and social witnessing' to make it meaningful and powerful. The need for context-dependence also applies to racial identity, internalised racism and professional identity. Knowing what contexts could influence racial issues in therapy can help therapists examine their own situation and make a therapeutic decision.

Moreover, because racial identity, internalised racism and professional identity are living experiences that must be felt internally in order to be understood,

single case-study research especially when a researcher has the experiences themselves and is able to reflect and articulate them is a suitable way to conceptualise those constructs. Single case-study research can provide rich descriptions of a scene portraying what is happening internally and externally when those concepts are in operation. Therefore, reflecting and articulating what is happening internally and externally from an individual who is experiencing a situation, a pain or other feelings occurring at that moment when, for example, internalised racism is becoming strong can provide valuable resources that another methodology may not uncover.

One methodological approach that can support a single case study in order to provide in-depth research is autoethnography, and in the followings, I explore what autoethnography is and why I chose autoethnography as the methodological approach to respond to the research question.

3.3 Definitions of Autoethnography

There are many definitions autoethnographers use to define their autoethnographic research. In this thesis, Ellis' (2004:37) definition of autoethnography is used to describe my approach of writing. She defines autoethnography as:

...an autobiographical genre of writing and research that displays multiple layers of consciousness...Back and forth autoethnographers gaze: First they look through an ethnographic wide angle lens, focusing outward on social and cultural aspects of their personal experience; then they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations.

From my earlier argument, racial identity, internalised racism and professional identity must be studied in the dialogue between the internal process of therapists of colour and the external interactions with other people through their cultural and historical contexts, I must investigate back and forth between my internal world and my external world. I must look back to my own cultural and historical backgrounds in order to understand what contributes to internalised racism. I

must look around to see the scene or what is happening when I am experiencing internalised racism. I must look inward to the feelings of pain, shame, anger, etc. reflect on them and make them available for you to understand and resonate. I must resist and break a cycle of an oppressive system that has been keeping internalised racism in silence. Then I must look back and look around again to understand the cycle of the oppressive system so that I could resist and break the silence. This process is an on-going process to understand the relationship between my internalised racism and my professional identity when starting counselling practice with white clients. The process of looking back-forth and inward-outward is what autoethnography is according to Ellis (2004).

3.4 Being through Autoethnography

Other kinds of research may aim to illustrate factors that affect the therapeutic relationship e.g. race, power, class, gender, age, but autoethnography delivers how it feels like to live with differences and bring the differences in therapy. Moreover, because autoethnography values an importance of culture that shapes how we are and how we interact with other people, it allows me to explore how the cultural contexts I have lived in influence my perception about my racial identity and my ways of being with people especially with white clients.

There have been many types of research about racial identity, professional identity and a relationship between the two. These types of research (e.g., Alves & Gazzola, 2011; Atkinson, Morten, & Sue, 1998) gather, organise, analyse and categorise data into themes or models to provide 'ready-made' results for readers. What the researchers do not offer is the lifelikeness (Dyson, 2007; Worth, 2008) that is knowledge of the feelings of being situated in a circumstance i.e. How does it feel like to be a trainee therapist of colour working with white clients? How does it feel like to grow up with a difference undermining oneself within the dominant social discourse? What do I see through the lens of internalised racism? The situatedness of self with others in social contexts must be critiqued through self-narrative (Spry, 2001). Autoethnography allows me to invite you to join me in a reflexive process

through stories of my experiences. From social constructionism, knowledge is relational (Gergen & Gergen, 2008) so I refuse to categorise the stories into themes, models or theories, which is what some research does (Bochner, 2012). The complexity, multiplicity, ambiguity, fluidity, emotional provocation and vulnerability of stories which are the main qualities in autoethnography can be lost in the process of categorising or fitting into theories. My priority as an autoethnographer is to “...attract, awaken, and arouse them [readers], inviting readers into conversation with the incidents, feelings, contingencies, contradictions, memories, and desires that our research stories depict” (Bochner, 2012:158). This process is to make meanings out of the research. It is a relational and co-constructive task between readers (you) and autoethnographer (me). Thus, connection is important in autoethnography. Autoethnographers write stories to connect self to culture and a way of writing is to connect a research goal of understanding to a practical goal of empathy (Ellis & Adams, 2014). The stories are also written to connect a researcher to the readers and by resonating with the stories, the readers can then narrate their own stories from their experiences to connect their self to their cultures. It is an emotional connection embedded in the stories that connects an autoethnographer to the readers and to our internal selves, our cultures and our lives in therapeutic way. It invites the readers to engage in the stories to understand and empathise with the characters, to learn how they feel and what they struggle with, and to increase the readers’ self-reflection and self-awareness within their own cultures. Therefore, I aim to invite you to interpret and make meaning for yourself out of my experiences. I would like to ask you to engage in my process of understanding and articulating what it feels like to live a life of having internalised racism and being different and marginalised within my own community that I was supposed to feel belonged to, and then to re-experience those feelings again, but this time, within the dominant western community with a role of being a trainee therapist of colour. It shows a transformation from self-consciousness of feeling different in skin colour to feeling different in racial identity; from being a person of colour to being a trainee therapist of colour.

3.5 Autoethnography from Marginalised Voice

Ethnographic research studying people's life experience, especially research about minority ethnic groups or the colonised, was historically done by white researchers. In postmodernism, many researchers have criticised the purpose, the impact, and the power dynamic of implementing this approach. For example, Said (1978) and Gergen (2009) strongly argue that white researchers cannot speak for an experience of people of colour or their cultural contexts because the researchers' power of being a member of the dominant group will be imposed on a research. Said (1978:3) sees the approach as a "western style for dominating, restructuring, and having authority over the Orient". While Gergen (2009:63) views it as "the diary of the white man on a mission; the white man commissioned by the historical sovereignty of European thinking and its peculiar vision of man". From their statements, white westerners represent power and domination thus white western researchers could bring some particular frame of thinking about what is worth knowing from their dominant point of view to the research process. From my opinion, the importance is not about whether researchers are black or white but it is the power or the dominant position of researchers speaking for marginalised groups that must be disrupted. Spry (2008) critically discusses her white power to speak out (or choose not to) in the research while her South American co-researcher had to remain in silence. Had Spry's co-researcher spoken out, she could have put herself and her family's financial situation into jeopardy. From Spry's perspective (2008), silence is systemic. In academia, autoethnography can be considered as a way to break the systemic silence. Autoethnographers can resist and speak out against dominant social discourses (Butz & Besio, 2004; Pratt, 1994). Although there are many factors that discourage some autoethnographers especially those who are in marginalised groups from breaking the systemic silence as experienced from Spry's co-researcher (2008), autoethnography at least opens an academic door to the marginalised who are able to or have a privilege to try. I am one of those who is marginalised in some respects but privileged enough to be able to put my experiences in print. Being supported financially to study in higher education abroad thus introduced to autoethnographic research gives me the privilege to voice some racially marginalised aspects of my life. In response to Said's (1978) and Gergen's concerns

(2009) discussed earlier, I also cannot speak for every racially marginalised person despite my status of being a member of the marginalised group. My privileges do not make me feel entitled to do so. However, what I can do is to recognise my privileges and use them to evocatively voice internalised racism in personal, cultural and professional contexts which were not spoken about often.

Moreover, it would be wrong to think that only people of colour are entitled to tell stories about race because they are the oppressed, while white people cannot do it because they are privileged. What is essential in the work of autoethnography is about being different, feeling different, feeling a difference, and resisting a social discourse resulting from the difference. For example, Jensen (2005) and Berger (1999) wrote about their feelings and experiences of being white in order to resist the ignorance of white privileges. Although they are in the position of power through being white, their first-hand narratives of the resistance to the privilege of ignorance make their stories valuable, meaningful and engaging. Baker (1976, cited in La Barre, 1978) emphasises the importance of encountering an experience within a culture in order to understand it. He states that "If I am riding my bicycle into the wind, I feel its resistance; but if I ride with the wind, I forget that it's there. The same is true with culture, which must be resisted to be experienced" (Baker, 1976, cited in La Barre, 1978:186). One example of this statement in relation to Thai culture is that some western researchers, for example Harrison (2010) and Jackson (1973), may be able to analyse some cultural phenomena in Thailand, but they cannot articulate and express the feelings of Thai people living in the culture at a deeper level because they do not experience 'the wind' to express how strong or cold it is when it touches their face. It could be argued as well that because I grew up in Thailand, I might not be aware of the phenomena I have been used to. I cannot speak for all Thai people. However, the feelings of being hurt, uncomfortable, vulnerable and marginalised kept telling me that there must be something there that I had not been able to identify at that time. My privilege of being a researcher studying abroad gives me some perspectives of being a temporary outsider with some theoretical language to analyse and articulate what has been happening inside (the culture and me). This thesis as well as other autoethnographies from people of colour (eg., Boylorn, 2013; Kincaid, 1997; Thompson & Tyagi, 1996) are about resistance to dominant social discourse

and giving voice to the unspoken. In my research, I am speaking about my experience of living with internalised racism in an attempt to liberate myself and help others to liberate themselves from destructive racial beliefs that we internalise by oppressive socioeconomic political systems.

In addition to racial power, the power of being a researcher; of being the one who has an authority to tell stories (Hardwig, 1997) also plays a part in the research. Researchers have the authority to decide what stories are important and worth telling and how they are told. The capacity to choose stories, contexts around them and ways to tell them indicates the power of a storyteller or a researcher. So far, my skin colour has been screaming about my self to the public without my consent. This is why I decide to own the stories of my self and narrate them to you here rather than letting my skin colour do it. Thus, autoethnography gives me the power to choose the stories in the cultural contexts that, as a member of the minority ethnic group, are significant. In other words, autoethnography allows me to communicate freely and directly to you and to let you interpret how I view my self (auto), surrounding people and situations/cultures (ethno) through my experiences and my process of telling them. Jackson and Mazzei (2008) offer an argument that I think autoethnographers and autoethnographic readers must be aware of. They state that a researcher's voice in autoethnography is the privileged medium to convey meanings and experiences which are used as data and evidence in a research because the researcher's voice is assumed to speak 'the truth' of consciousness and experience. I quote 'the truth' because I think there are two meanings that must be discussed. The first meaning, which I think is what Jackson and Mazzei (2008) refer to, is that a researcher's voice about their consciousness and experience is real, honest and reliable. I am going to discuss this first meaning of truth later in sections 3.6 and 3.7. The second meaning of 'the truth' is what I discussed earlier about the Truth as a grand narrative or a single, generalisable Truth. It would be a huge mistake that contradicts the idea of postmodernism if readers think that what is written in my autoethnography is the universal Truth, that every Thai person feels the same way as I feel or that all therapists of colour struggle with the same issues. As mentioned earlier, there is no single Truth in postmodernism. My experience is just one example of many different experiences of other therapists of colour. Thus, it is important to remember that my

stories and my interpretations of them are not the Truth. Saying that my autoethnographic research is not the Truth, but one example, might raise a question regarding its contribution to knowledge. Turner (2013) describes what autoethnography does in her thesis that instead of seeking a solid answer or solving a specific problem, autoethnography gives an insight of how researchers experience their world and encourages readers to think with the researchers and reflect their own experiences. Having each individual reflect on their own experiences and contribute that knowledge to others will give us many realities that are socially constructed according to postmodernism (Muncey, 2010). Telling and listening to stories creates emotional, dialogic, and collaborative truths between autoethnographers and readers (Bochner & Riggs, 2014). Additionally, Turner (2013:224) states that “dominant discourses challenged by the lone narrative which seeks to ‘speak up for the little man’, the marginalised, the lone narrative providing volume for the quiet or silenced voice”. I believe that individuals’ stories that aim to resist and challenge dominant discourses can collectively change oppressive systems. This thesis is the study of my relationship with others – westerners and non-westerners, dialogued in internal and external realities - through the lens of a minority ethnic person whose voice had been kept in silent and whose stories had been kept untold, in order to speak out against socioeconomic political systems that feed internalised racism in racial identity and professional identity.

Therefore, I want you to witness my experiences through me - inside out – and bring your experience of being an insider of your own experience, whether it shares with mine or not, into your reflection which is the heart of autoethnography (Bochner, 2012). Having said that, in the internal layer about insider-outsider perspective, there are some parts of my self that are still the outsider or ‘foreign’ to me in a sense that they may not be fully explored, recognised, or accepted. Similarly, I hope that this research will eventually invite you to recognise the othered part of your self and your internal process when you are othering the others and when you are being othered.

3.6 The Process of Doing Autoethnography

In the positivist language of doing research, this section would be called research design and research methods. However, when I was going to write ‘the methods of doing research’, I could not pinpoint the steps of how I designed and conducted this autoethnographic research. After reading some literature about autoethnography, I then realised that autoethnography cannot be designed or planned and autoethnographers cannot gather data and analyse it in the same way that positivist researchers usually do. The process of doing this autoethnographic research is discussed as follows, starting with arguments about what data is. Then I go on to argue about using memory as data followed by a discussion of reflexivity as an embedded analysis tool. Lastly, I discuss how I display my experiences using a layered account. What I want to emphasise first is that I lay out data, memory, reflexivity and a layered account into separate headings only because I think it is easier to follow. It does not mean that one is data, the others are data collections and data analysis. I believe in what Turner (2013) argues about autoethnography, that autoethnographers reflect on the experience as well as reflecting on the experience of reflection. Simultaneously, data, data collection and analysis are created and processed through reflexivity so they are all intertwined and concurrent rather than separated.

3.6.1 Data

Brinkmann (2014) argues that data is created rather than given. He opposes the idea that data exists on its own and is waiting to be collected. He emphasises the importance of understanding a situation by sense-making instead of gathering data to analyse and theorise. Brinkmann (2014:724) comes up with the term ‘stumble data’ which is:

...data that one stumbles upon. This is what a breakdown is: An experience of stumbling, which causes a situation (in the pragmatist sense), and where inquiry is meant to result in a regaining of one’s balance. If we allow ourselves to be sensitive to the strangeness of the world, there are numerous things to stumble upon: In conversations, media, books, advertising, consumer objects, architecture, and everyday episodes and situations. Usually, these are not

simply given, as “data,” but, at certain times, they may cause us to stumble – and thereby *become* data.

I find what Brinkmann proposes about stumble data very relevant in autoethnography. Every concept in sociology including counselling stems from how people live their everyday lives. Race, racial identity, internalised racism, professional identity are not data that is given to us but they are the constructs we create from how we live our daily lives. We might be oblivious to them because we are used to our routine, to the strangeness of the world. I have been oblivious to internalised racism and even disregarded its ‘calling’ because it was normalised into my daily life. Once I am able to observe and reflect on my feelings, I realise that I have stumbled upon this ‘data’ since childhood. However, I was not aware when I was stumbling because I always put layers of plaster on the wounds caused by the stumbles. Now it is time to make sense of the ‘data’ – how I have been living my life and how my life has been lived – to gain my balance and to open the plasters and heal the wounds. I also hope that this thesis can be the ‘data’ that you may stumble upon or raise awareness of your acts of stumbling.

The concept of stumble data supports what Poulos (2009) describes as accidental ethnography. Poulos argues that (auto)ethnographers live an (auto)ethnographic life, which means that it is the life we live that is our data field. He discusses that researchers may be expected to know what data is going to be collected, how it is going to be done and hypothesise what a finding of the research is going to be. From his perspective of being an autoethnographer, however, he cannot plan ahead what memory is going to be triggered and how it is going to be triggered. Talking to someone, reading some literature, looking at some pictures may or may not trigger any significant memory. Similar to Brinkmann (2014), researchers in autoethnography cannot predict what, when, where, and how they will stumble upon data. Autoethnographers need to live their lives with awareness and reflexivity to be ready for any data they accidentally stumble upon.

These two arguments explain my confusion that I could not tell you exactly how I design my research and what methods I use to gather the data, the stories. I did not know until I started writing about my race-related experiences outwith and

within the counselling room that my way of being with the clients was influenced by the racism I had internalised since childhood. I could not plan or anticipate what experiences (data) I would stumble upon. All experiences did not make sense to me until I started feeling, reflecting, and writing about them. So no, I could not tell you how I have ‘collected the data’. I will employ what Boylorn (2009:67) described in her autoethnography that her data is “...a result of listening, watching, seeing, witnessing, talking, remembering, and living”. What I can tell is that when I stumble upon something I have strong feelings to, I note it down about what happens and I reflect on it. And whenever my memory that is relevant to racial issues is triggered, I note it down and reflect on it. It can be said that most stories come from my memories. Accordingly, it is important to discuss some arguments about memory as a resource in autoethnography.

3.6.2 Memory

Muncey (2010:103) states that “memories are a construction or, perhaps more accurately, a reconstruction of past events in the present...”. Memory is a significant data source in autoethnography (Muncey, 2010), especially when it is part of a construction of identity (King, 2000). Making meanings out of memory is a major task of autoethnographers who then have to reflect on their feelings about their memory and their experience then and now (Bochner, 2012). It is when we start writing that we get insight into the experience we did not realise at that time (Thompson & Tyagi, 1996). When I write about my experience, I allow myself to be open and receptive to any memories that come into my mind. I take inward journeys not only to my past but also to my inner self-dialogue between me and my relationships with people and culture, then and now. When I become emotional, I let my emotions express themselves. The images, the memories and the emotions become vivid again. I welcome them with a researcher’s self that remained intact and ready to observe the internal process. Thus, the self of being an experiencer and the self of being a researcher work collaboratively and simultaneously. However, there is a criticism that memory is unreliable, unpredictable, incomplete, and could be distorted (Chang, 2008). This criticism links back to the previous discussion about the

truth in autoethnography (see section 3.4). Believing that individuals construct shared experiences differently, Turner (2013) argues that her experience is her construction of events, filtered through her own selves. There are many realities across individuals as well as across time. People view and interpret even a shared experience differently. An individual's perspectives on a single event can change across time too. My experience from my memory is true according to my construction at the time when I recall it. If you ask other people who are involved in my story, their answers are their construction of the event when they recall it. These constructions could be different even they are interpreted from the (supposedly) same event and they can all be true. In addition to the legitimacy of a story, Muncey (2010) suggests that the criteria to evaluate autoethnography are not the concepts of validity and reliability but whether or not stories in autoethnography can resonate by provoking memories and emotions, and eliciting a response. What is more important than whether or not memories are accurate is what they provoke in me, the meanings of the memories that affect how I feel about myself and others and how I interact with them. What is also important is how well I can tell you my memories, my stories, so that you can resonate with them, which is a way to understand and empathise with internalised racism.

Telling stories in autoethnographic research is not about telling descriptive events. According to Brinkmann's statement (2014), once researchers stumble upon data, they then make sense of the data to regain their balance. The process of recalling memories, making sense of memories and stories, and writing or displaying them involves reflexivity.

3.6.3 Reflexivity

To write autoethnography, researchers need to be reflexive of their experiences and cultures. Accordingly, reflexivity is a primary methodological approach for autoethnographic inquiry (Etherington, 2004b). Etherington (2004a:146) argues further that while autoethnographers are attentive to their history and experiences in a process of writing autoethnographies, they enter into a creative process that helps them remember and recollect some aspects of the experiences that

“...may have been known tacitly or intuitively without knowing *how* we know” or that “...may have silenced us when they were happening...”. Kaufka’s (2009) notion of internalised racism, that people with internalised racism tend to be silent by themselves and their oppressive systems, supports Etherington (2004a) ’s argument that reflexivity could help us remember and recollect what has been tacitly known but may have been silenced when it was happening. Writing about internalised racism reflexively can help us break a cycle of silence. Autoethnography through reflexivity is an important path to get into this internal process people tend to hide or suppress. Kaufka (2009) discusses that reflexive writing can: 1)externalise racial problems that have been internalised to make them visible, 2)reclaim the authorial power, 3)express repressed emotions and 4)create dialogues between multiple selves. These might be seen as some benefits only for writers but I want to add that reading people’s experiences of internalised racism can also help readers break the cycle. Finlay (2003) suggests that reflexivity through introspection could bring insights from personal experience which are then interpreted and generalised to broader society. I agree that reflecting personal experience through the process of introspection could give an understanding of broader culture because an individual is part of a culture. However, I think we must be careful about generalisation. Again, I do not, cannot and will not claim that my personal experiences can speak for every Thai or minority ethnic trainee counsellor that their feelings are similar to mine. Generalising a single case study to a population in order to set a universal theme is not an aim of this thesis. The aim is to have a population reflect and critique ‘their own’ experiences and ‘their own’ cultures through reading this thesis. Through our individual reflections, we can generate a number of knowledge which then contribute to some understandings of broader cultures from different aspects. This is how I think reflexivity in autoethnography can connect self to culture.

From the above discussion, it is not only researchers but also readers who will involve in the reflexive process of their experiences. Reading others’ self-narratives results in not only understanding others but discovering new aspects of readers’ lives themselves (Chang, 2008). When I read Sharma's (2005) personal experiences of being bullied by other children because of her difference in skin colour and striving for white peers’ acceptance, I resonated with the account and felt encouraged to

reflect on my own experiences. Her interpretations of her experiences with internalised racism gave me language for the first time to articulate my experiences. Reading other people's self-narratives of personal experience facilitates my introspection and reflexivity and gives me a courage to offer my personal experiences to fill the gaps that the literature has yet to explore.

Reflexivity also benefits therapists in counselling and psychotherapy. Schön (1995) discusses the importance of getting into intuitive knowledge in professional practice through reflexivity. He suggests that practitioners also perform with intuitive knowledge while they are practising. Thus, in order to approach what he terms knowing-in-action, reflecting-in-action is required (Schön, 1995). Schön (1995:68) states that "When someone reflects-in-action, he becomes a researcher in the practice context". This argument is in accordance with Etherington's (2004a) about intuitive learning. A collaboration of reflexivity and autoethnography sets therapeutic relationships with white clients as my research field. Reflecting on my experiences while being with clients helps me approach my intuitive knowing. This process of reflection includes reflecting-in-action and reflecting on reflection-in-action (Schön, 1995). By reading my reflexivity in practice, practitioners can reflect on their own experience in therapy.

3.6.4 Layered Account

In autoethnography, what is important is not only a reflexivity of an experience but also a technique of displaying an experience and a reflexive account of the experience to reach readers. My aim is to facilitate an understanding of the relationship between internalised racism and professional identity of a therapist of colour when starting counselling practice with white clients. I have discussed how internalised racism and professional identity are not the constructs to be seen but to be experienced and felt. Therefore, I aim to portray self-narratives of my experiences and my interpretations in a way that can facilitate your cognitive understanding and emotional empathy. To achieve this goal, I apply the technique called layered account as discussed by Ronai (1995:396):

The layered account is a narrative form designed to loosely represent to, as well as produce for, the reader, a continuous dialectic of experience, emerging from the multitude of reflexive voices that simultaneously produce and interpret a text.

Ronai (1995) uses multiple voices to show multiple reflections from multiple points of view. When reading her autoethnography, I feel differently according to how she narrates her experiences. When she uses the subject I and past tense to tell her experiences, I feel as if she is telling them to me directly from her recalling voice. When she uses the subject She to represent her self and writes with present tense, I feel as if the stories are told by a storyteller with her analytic voice. My feelings and interpretations of her writing may or may not correspond to her intention but at least her writing evokes some feelings and thoughts, which makes me empathise with and understand more about child sex abuse. Similarly, when you read my thesis, you may feel differently from how I feel when I write it. However, my aim is that at least how I present my narratives and my interpretations can facilitate your learning, understanding and empathy with people of colour including therapists of colour. Every experience except for an initial session with Susannah is an incident happening at one particular time. A story of the initial session with Susannah is a composite session based on my experiences happening at different time with different clients. I compose this initial session with Susannah as an example of my collective experiences of my usual initial sessions with white clients. My aim of composing this narrative is still the same that I want you to experience what I was feeling when having initial sessions with white clients. I narrate my experiences using the subject I with the present tense displayed in italics. I also use single quotation marks and *different font* to present my thinking process so that you can know what is going on inside me. Double quotation marks are used as spoken conversations. These are narrative voices which is the voices of my experiential self. When I write and read my experiences, I feel that I am being brought back to the experiences. Tears, pain, shame, anger and the need to stop writing or reading it at times is a result of the evocation which reassures me in my writing. Normal font is used to mean that I am back to the time when I am reflecting on and interpreting the experience in wider social and cultural aspects. It is an analytical

voice which is the voice from my researcher self. Using single and double quotation marks, italics and different texts aims to bring you with me when I move back and forth, inward and outward between self and culture through multiple layers of consciousness (Ellis, 2004).

Table 1: A summary of writing presentation

Style	Meaning
<i>Italics in single quotation marks with different font</i>	Represents my thoughts at the time when an experience was happening
<i>“Italics in double quotation marks with normal font”</i>	Represents spoken conversations at the time when an experience was happening
<i>Italics with no quotation marks</i>	Represents a narrative of an event at that time
Normal font	Represents reflection and interpretation of an experience in retrospect

3.7 Making Sense of the Experiences

As mentioned earlier that I do not aim to categorise data into theme in order to generate the Truth of knowledge, how I analyse and discuss my experiences is embedded in the process of reflexivity. Frantz Fanon's (1952/1991) work on internalised racism and the psychodynamic concepts of transference, countertransference and projection are the main conceptual resources employed to analyse the experiences narrated. They influence my interpretation and reflexivity because they give me the language to understand my experiences.

Chapter 4: Ethical Considerations

This research is about an exploration of my racial identity and professional identity. During the process of exploration through reflexivity, I discover some aspects of my self that I have not been aware of or that I have previously avoided to get into. The discovery could evoke some emotions in me and in you when you read about my experiences. Moreover, my racial identity and professional identity are inevitably relational and cannot be constructed without relationships with other people including my significant others and clients. Writing about my experience inevitably involves those people's experiences through our interactions and shared contexts. Therefore, it is important to think about ethics of conducting this autoethnographic research that has an impact on me (the researcher), you (the reader) and other people whose stories are intertwined with mine.

I hold what Wyatt (2013) raises about the dilemma of telling stories as the fundamental ethical considerations for my research. Wyatt (2013) argues that telling can bring a sense of betrayal and guilt about other people who are drawn in the story while not telling means that nothing would be known, changed, repaired or put to rest. Telling my experiences regarding skin colour and racial issues can cause some distress and discomfort to some readers especially when race is still a taboo subject. Telling about it also makes me feel exposed, vulnerable, ashamed and guilty. I feel exposed because I had not previously told anyone about these experiences. I feel vulnerable as I do not know how you - the reader – think and feel about my experiences...about me. Also, I do not know who is going to read my stories. It could be a complete stranger that I will never meet or someone very close to me, intimately or proximately. I am ashamed that I did not want to accept my skin colour and my cultural background. I am ashamed that I live and take part in the country (or countries) where we discriminate other people based on their skin colour and even deny our actions. I feel guilty of having that shame and of betraying my country by telling people about our discriminative and oppressive behaviours. However, not telling would mean that the marginalised voice would still be oppressed and I would be one among many who feed the oppressive social systems by keeping silence. I

want to break this oppressive cycle both in me and in society so I decide to tell. "Telling would mean living with the consequences" says Wyatt (2013:134). This statement is what I think is very important in ethical considerations. Can I live with the consequences of telling my stories that could happen to me and to others who involve in my stories? I would like to respond to this question by some arguments on ethical considerations raised by Turner (2013). Turner suggests two main ethical considerations which are to keep researchers emotionally and psychologically safe when conducting the research and to protect the identities of people involved in the research unless they have given researchers permission to reveal their identities. I believe that these two ethical considerations are fundamental to every research. They sound reasonable and simple...probably too simple especially in autoethnography. I mentioned earlier that telling my stories brings me the feelings of being exposed, vulnerable, ashamed and guilty, while not telling means that I continue keeping my feelings of being oppressed in silence, putting layers of plaster on the wounds created by a cycle of oppression and disregarding a chance to break the cycle and heal the wounds. Which option is emotionally and psychologically safer to me?

Although writing this autoethnography and reading it has made me upset, I know that reflecting on the experiences, writing about them and letting people read them is part of a healing process, not just for me but also for society. Referring to Kaufka's (2009) argument for reflexive writing about internalised racism discussed in the previous chapter, this process helps me break a cycle of being oppressed. I would have still lived in pain and shame of internalised racism if I had chosen to keep quiet. Being silent causes a chronic pain while speaking up causes acute distress but it can be healed through a process of writing. Moreover, the privilege of being the researcher and the researched let me choose what stories I can tell, when and how I tell them.

The second ethical consideration raised by Turner (2013) is that researchers have a responsibility to protect identities of people involved in data of research unless they have given researchers permission to reveal their identities. Again, this ethical principle sounds reasonable and simple but it is problematic and complicated in autoethnography. Individuals' experience is relational since our lives connect to other

people. Race, racial identity, internalised racism and professional identity are relational constructs. I cannot discuss them using my experiences without involving other people who also took part in the construction of those constructs. Therefore, I cannot fully protect identities of people involved in my research especially my family members. I definitely cannot anonymise my parents from the people who know me and them. This is the relational ethics I have to consider. Adams, Holman Jones and Ellis (2015:60) state that relational ethics “recognizes and values mutual respect, dignity, and connectedness between researcher and researched, and between researchers and the communities in which they live and work”. I analyse how my parents tried to protect me from an oppressive system and how that among other factors affected how I dealt with my differences. They had good intentions and my writing is done with respect for their actions. Still, I choose not to discuss the stories in my research with them. I speculate that they would feel blamed, guilty, responsible, protective, and worried if they read my experiences. It can be interpreted that I am now protecting them from these feelings and/or protecting myself as well. Linking back to Wyatt’s statement (2013:134) that “Telling would mean living with the consequences”, I choose not to tell my family at this time. However, it does not mean that I will rule out the possibility of having a conversation with them forever. When the time is right, the conversation can begin.

Regarding my clients’ identities, my experiences in counselling practice do not involve any details of clients’ profiles; I confront and interpret my internal process rather than clients’ stories. However, I have to also think of some consequences if my previous clients read this research. Ellis (2004) states about writing stories relating to other people that researchers have to assume that people they write about will read their research. What could happen if my previous clients read my research and know what I was thinking while possibly working with them? Will it change our therapeutic relationships and therapeutic outcomes? Will they lose trust in me when they know that I was not entirely confident or an expert when working with them? Or will they feel guilty that they did not trust me enough to stay to work with me? I cannot answer all these questions. What I can say in regard to these questions is that I am still not an expert and I will never be. I still have anxiety when meeting new clients regardless of my gained experience. The anxiety and the

feeling of not being an expert are important for me, and perhaps for every therapist. They keep us trying our best to get to know and understand clients. Therefore, the struggles I had at the beginning of my practice stemmed from the striving to be accepted and to be a perfect therapist.

Another ethical consideration regarding relational ethics I want to discuss is how Thai and white readers may perceive this research. I share the same feeling with Boylorn (2013) that we felt guilty for exposing secrets as if we betray our community. Telling brings a sense of betrayal and guilt about other people and society drawn in the stories (Wyatt, 2013). Although they are our secrets and our memories, it is inevitable that there are other people involved in building the memories. I feel that I am exposing my cultural attitudes some people may not admit that they share or that they are part of the oppressive culture. However, I do believe that keeping these secrets in silence will do more harm than good because what should be aware and discussed, resisted and changed are taken for granted, denied, or ignored. Talking about race, naming our pain and suffering from it is important among people of colour to seek healing (Hooks, 1993). I want to use my power as a researcher to speak up about this issue of skin colour in Thailand for those whose voice is still unheard or still kept in silence. However, this research does not aim to polarise white people and people of colour or create a prosecutor-victim image. In contrast, the research aims to increase understandings and awareness of racial differences. When I presented my thesis to colleagues, I received the feedback that I had feared and been uncomfortable with. Some white readers sent me an apology probably on behalf of all white people as if they inherit some sin from their ancestors. Jensen (2005) tells from his experience of being white that he wanted to apologise to his black fellow for the prejudice he had and he unconsciously hoped for a forgiveness and a support that he was different from other white racists. What is more important and necessary than blaming and forgiving is a resistance to racial prejudices and an attempt to change. Thus, I hope that my experiences can be part of the changing process.

Chapter 5 – 8 : My Being Thai in Different Contexts

Chapter 5 to 8 tell my race-related experiences at different stages, from the time when I was a pupil in Thailand to the time when I came to study counselling in postgraduate level in Scotland and began counselling practice with clients. Each experience reflects my perceptions of my self and others, particularly in relation to my awareness of racial differences. These experiences aim to facilitate an understanding of the development of my ways of being in the beginning of counselling practice. Therapists and clients both bring their sense of self in therapy. Each of them has their own personal histories under wider cultural contexts which may or may not be shared with the other. They bring those cultural contexts to therapy through their cultural beliefs as part of their sense of self, which influences how they relate to the other in therapy. Accordingly, before examining my therapeutic relationship with clients in therapy, it is important to learn about my personal history in order to know what was in my 'baggage' that I took with me to a counselling room. I structure the experiences chronologically to take you in the journey with me from the beginning and understand how I developed my racial identity through the lens of internalised racism.

Chapter 5: Being Thai in Thailand



This photo was taken when I was 5 years old in the kindergarten of a female school in Bangkok, Thailand. We were trying on the costumes for the School Annual Festival Day. Some other children were smiling, frowning or looking confused in the photo. I do not remember what I was feeling at that time but looking at this little girl now somehow makes me feel sad probably because her face and her posture come across in that way. I recognise myself as a shy, quiet and passive girl but I would not describe myself as a sad girl. As typing now I become emotional as if looking at this little girl is touching some vulnerable child self inside the adult me. Or perhaps the adult me is knowing what this little girl was going to go through that she had yet to foresee. Or maybe I should have picked other photos that my face was ready for a camera!

I want you to see me...to see my physical appearance, to know that this is how I looked like at that time when a difference of skin colour was going to challenge me...when I started to learn that I was different from other children because of my physical appearance.

You may have some comment on my skin colour after seeing the photo of me. Some comments I have received about my skin colour since I was little are:

“Hey, Dum! (Dum is a black colour in Thai language)”

from children in the school

“You have yellow, brown, tan, honey-liked skin colour”

from family and relatives

“You are darker than me’ or ‘I am darker than you”

from most people

“What have you done? Why do you look darker?/ Why do you look whiter?”

from most people when they greeted me

“You are not dark. You are pale”

from my white supervisor, which surprised me a great deal to hear that.

“You are not black. Many other Thais are way darker. You just went to a wrong school”

from one of my Thai friends

Commenting on someone’s skin colour or your own skin colour in Thailand seems to be as common as commenting about gaining or losing weight. The comment that my skin became darker was interpreted as criticism considering the commentators’ tone of voice. Thus, hearing this comment made me feel criticised that having dark skin was not acceptable. I became self-conscious and worried. I felt

that I had to turn my skin back to 'normal' as soon as possible by using sunscreen with high level of sun protection factor or staying in a shade to prevent sunlight from touching my skin. On the other hand, the comment that my skin was whiter was perceived as a compliment that I looked better. At that time when I could not comprehend its underlying oppression and devaluation, the comments were just part of a conversation probably after a beach trip. After learning to recognise its underlying ludicrous oppression or a desire to conform and maintain the dominant social discourse of 'the fairer, the better', the comments become a sign of social pathology. Sadness of having skin darkened which would take long time to have it back to 'normal' state becomes sadness of seeing people being stuck in this pathological and destructive discourse. Shame transforms to anger. However, the experiences I am going to tell aim to present to you the time before the realisation. Thus, they emphasise shame rather than anger. However, an analytical voice which is the voice from my researcher self also embeds alongside a narrative voice which is the voice of my experiential self. The purpose is to give you two voices from two different times with two interrelated perspectives.

The concept of race was way too complicated for me to understand as a young girl, and why would I need to understand it anyway as I was Thai who physically looked like a typical Thai and lived in Thailand! How can any racial issues exist when someone is in their home country - a place where they (should) feel that they belong?

Thailand has shared a long history of international relations with many countries in South East Asia and East Asia such as Burma, Laos, Cambodia, Japan, China, etc. Therefore, some 'Thai' people are mixed race and may have different cultural traditions. I consider my family as a native, traditional Thai family because, unlike my childhood friends' families who mostly are mixed race of Thai-Chinese, my family does not have any Chinese traditions. Not only do we not have Chinese traditions, differences in our physical appearance are also the loose indicators to differentiate us from Thai-Chinese. I have yellow-brown skin, dark hair, dark eyes and double-layer upper eyelids, which I thought they are typical and 'actual ancient'

Thai features. Many Thai-Chinese have fairer skin and have thin, single-layer upper eyelids.

“Your skin colour is tan. They called this honey-liked skin colour. Many people are jealous of your skin colour because they want to have it. You see that many farang (westerners) sunbathe to change their skin colour to look like yours. Don’t be ashamed of it. We are ‘authentic’ Thai unlike those Thai-Chinese whose parents emigrating from China. And actually, your skin is not dark. You see, mine is darker than yours!” My aunts, uncles, older cousins, my father and my mother attempt to cheer me up after I have been embarrassed and angered from being called ‘Dum’ (black colour) by schoolmates.

I nod to acknowledge their support although my mind is full of confusion and counterthoughts.

‘Of course, you said that because you also have dark skin colour’

‘Of course, you said that because you don’t have dark skin colour so you don’t suffer from it’

‘Yes I am authentic Thai! I am the one who belongs to this country!’

‘But I don’t want this brown skin. It makes me look different and feel different. They tease me because of that. They think that I am unattractive and inferior. They do not want to pair up with me or include me to a group. Those Thai-Chinese kids are more popular because they have fair skin. You said that tan or honey-liked skin colour is more attractive but they don’t think so. I don’t think so! I want to argue against those kids but I can’t. I do have dark skin!’

The latter thought does not take long at all to counteract the prior pride of my authentic Thai. I do not want to hurt my family or make them angry or concerned about me by telling them what I really think. So I keep all these thoughts in silence.

Reflecting on this experience, I see three processes that were happening at the same time. The first one is a process of being drawn into a social dominant discourse which is the beginning of the development of internalised racism. The second process is a protective process that my family tried to help me by adding positive values to the racialised group I was presumed to belong to. The third process is a process of dealing with issues of racial oppression and pains that come with it by keeping them in silence. Three processes are explained as follows.

The social dominant discourse in this context is that children with light skin colour are more popular, attractive and desirable, whereas children with dark skin colour are shameful, deviant, and a target for bullying. Skin colour serves the same function as when it does with race that it categorises people into groups with hierarchical power. Timimi (1996) draws from Kleinian object relations theory to explain this oppressive process. He argues that blacks become containers for hated or unwanted parts of self that white people project to, and through projective identification, blacks are experienced as fused with the unwanted parts. In my childhood context blacks are children like me who have dark skin colour and white people are Thai-Chinese children who have light skin colour. Skin colour is a target for projection. Davids (2011) explains that some attributes such as skin colour are selected to divide in-groups from out-groups because they have prior, value-laden meanings in the external reality or the outside world so the ego's acute awareness of reality immediately initiates the process of projection. Accordingly, the external reality or the environment that we live in inevitably influences the process of projection and projective identification. Rustin (1991) argues that very young children relate to adults regarding their familiarity and friendliness rather than their superficial bodily characteristics. It is when children are in latency stage that they then are influenced by their culture.

It is mainly at the age of latency - both when cultural definitions are gaining greater influence in children's minds, and when there are powerful positive and negative feelings making themselves felt outside the holding setting of the immediate family - that racial patterns emerge in thinking and social behaviour. (Rustin, 1991:59)

What Rustin said about ‘the powerful positive and negative feelings making children feel outside the holding setting of the immediate family’ can explain why my family’s supportive words could not help me feel good about my skin colour. The negative feelings projected to my dark skin colour were too powerful that the supportive family could not protect me from them at that stage when I was greatly influenced by my social milieu. I refused to take any perspectives that contrasted with the social dominant discourse. However hard I wanted to be proud with my Thai root and believe that my skin colour was desirable, I was overwhelmed with negative experiences that contrasted to what my family tried to convince me. The term ‘Dum’ (or black) that I submitted to was not only the colour of my skin which was not literally black anyway, but it was also the dominant social discourse that darker skin colour is undesirable and people who have darker skin colour deserve being undermined. I had formed the belief that I could not change how I look as much as I could not change the discourse that comes with it, thus I had to accept it. The acceptance was not a genuine acceptance with comfort and openness but it was more about giving in or submitting to the name calling that I could not argue against. The comments about my skin colour gave me some negative judgements about myself that I looked different, minority (even in my homeland!), and socially unacceptable. Through the projective identification, I internalised all negative characteristics projected to my dark skin colour and accepted them as parts of who I was. This then led to a development of internalised racism. Rustin (1991) adds that the more negative feeling and anxiety that children have to process in their social context, the more likely the negative feeling and anxiety are projected to the negatively defined ‘out-groups’ in persecutory ways. The danger is that we were not even aware of this discrimination, let alone the projection, the projective identification and the internalised oppression.

My family tried to help me feel better with my skin colour. Roberts (1992) states that protecting children's identity from all labels that lessen their humanity is an extra role of black children’s mothers. Although Roberts’ term of black directs to Africans, her argument can describe a role of all parents or carers of children who are born with some aspect to be oppressed. My family shares a responsibility and guilt in my experience of being bullied due to my skin colour. It is the guilt among parents to

give birth of dark-skin new-born babies which could lead to the feeling of being responsible for the children's struggle under oppression. My mother has fair skin while my father has dark skin. Thus, it was known that I had dark skin from my father. I remember that my father told me not to worry about my skin colour and that my skin was not dark because his skin was a lot darker. He was trying to lighten my (perception of my) skin colour. I also remember my resentment towards him when I was a kid that my skin was dark because of him although the resentment was hardly acknowledged as it was unacceptable to be angry with your parents and rationally it was not their fault. My family told me that having darker skin was not bad like many people thought. They said that we were from authentic Thai ancestry while others were mixed race with Chinese people and that most westerners would envy my skin colour. To analyse this defence mechanism, in order to have someone feel good about themselves, the unwanted or undesirable aspect of one's self is projected to the other while the desirable aspect is strengthened by idealisation. This resembles the projection of skin colour discussed earlier. The unwanted or negative feelings I had were projected into Chinese immigrants. Historically in ancient Thai perspective, Chinese people contained undesirable characteristics and used to be oppressed, while westerners were perceived as an idealised object. Therefore, being told that I was not like those Chinese people, and that westerners envied our skin colour was supposed to make me feel good about myself. However, according to Rustin's argument discussed earlier, the negative feelings from the social milieu were too powerful. Although I had a dominant feeling over Chinese people, and that raised my perception of myself, I was still aware of the unwanted parts of myself which is the negativities attached to my skin colour.

Moreover, how my family helped me was by creating a new desirable category to which I would be proud to belong. It was the category of being an authentic Thai. I was embarrassed and angry with being singled out - being inferiorly different because of my skin colour. The inferiority in this case refers to the status of being oppressed, socially unacceptable and categorised into a bullied group. The process of Othering exists within the context of power relationship and a person who experiences being the Other often feels excluded, marginalised, lacked in opportunities and internalises oppression (Canales, 2000). In the school setting,

children learn to exercise their power, which I think, is part of an identity development process. Becoming the inferior other by having dark skin colour put me into a powerless position in a power relationship when physical appearance is the central indicator of power dynamic. It is important to note that Canales (2000) used 'power relationship' which suggests that power dynamic is exercised within relationships. Thus, my powerless state that I felt at that time is not static but it is the feeling that I had at the time when interacting with fairer-skin children who used the beauty of skin colour as the indicator of who is accepted and who is not. Parts of my identity that relates to my skin colour have been internalised with unattractiveness, unacceptance, inferiority and powerlessness. I tried to think of my self as being an 'authentic/true' Thai (having pure blood!) while those other children are the immigrants with stained blood, just like my family told me. Looking at the belief that I am 'actual, authentic or real' Thai and that my physical appearance represents my nationality, it is impossible to differentiate and claim something that does not exist. There was at some point in some generation of ancestry lines that people were racially mixed. And what is Thai identity anyway since it cannot be conceptualised separately from others? It is impossible to precisely distinguish and claim one's unique identity without relating to others. The only thing that I can use to separate me from other Thai-Chinese was that my family did not practice any Chinese traditions but that did not make me 'authentic' Thai or devalue other people's identification with being Thai. Moreover, having brown skin does not mean that you are Thai as well as being Thai does not mean that you will only have brown skin. But, believing that I am different; that I am the actual and authentic gave me a sense of self and racial identity about who I am and where I belong. I could not fit into the 'Thai-Chinese' or 'western' categories because my skin was darker so creating the 'authentic Thai' category gave me a sense of belonging and pride with my own 'phantasised' race. However, an effect of phantasing being the 'real' Thai led me to believe that my skin colour would tell everything about myself i.e. my culture either real or stereotypical, my oppression, my wound. Paradoxically, difference is used to illusorily differentiate myself as an actual Thai in order to have a sense of belonging and higher status. What discriminated me was the idea that I was different but I

counteracted that by differentiating myself from others – believing that I am authentic while they are not.

Another adult in my childhood who tried to protect me from the discrimination of skin colour was my teacher in primary 1. My mother told me that the teacher gave me a catchy nickname to stop other children calling me ‘Dum’. It worked. People started calling me by that nickname instead of ‘Dum’. The bullying, as far as I remember, stopped when I was in secondary level probably because we all were older and we had built some relationships among us students for many years as most of us had been studying at the same school since kindergarten. Moreover, I think that everyone stopped bullying me because I had good academic achievements. That gave me a new label with respect and recognition as an academic person, not just a black one. However, changing the name calling did not change my physical appearance. My skin colour was still darker than others. But it changed the acute self-consciousness of a critical gaze of others. My skin colour was not ‘visible’ anymore like it used to be every single time when I was called ‘Dum’ and I did not feel that I was being seen or judged. The feelings of negativity that were projected to skin colour were repressed. This is a power of language. From a postmodern perspective, Richardson and St. Pierre (2008:476) state that “Language is how social organization and power are defined and contested and the place where one’s sense of self – one’s subjectivity – is constructed...what something means to individuals is dependent on the discourses available to them”. This statement points out that language is not only defined or given meaning by people but language also has power to influence people’s self/identity-construction within the available discourse according to the language available in their contexts. When I was called ‘Dum’, I felt like I was pushed into a lower status and was attacked by all the negativities attached to it. Being called by another name, though not my real name, pulled me from living under the negative label. From Richardson and St. Pierre’s statement (2008), by stopping calling me black, I felt that I was not perceived negatively and the hierarchy of relationship were less indicated by the colour of my skin in my consciousness. Also, I think that the unspoken delayed the process of projection. My dark skin was still apparent so the projection could still happen but I think that it was not as immediate as it would have been with the ‘Dum’ (‘black’) name-calling. The feelings

of inferiority and difference I internalised were repressed to unconsciousness. However, the unwanted, internalised oppressive self was still there, waiting to penetrate into consciousness again.

The last process I want to discuss is the way the adults in my childhood and I dealt with the issues of oppression and discrimination. We reinforced a silence of the problems and consequences. My family created an authentic Thai category for me to belong to as an escape. My teacher created a new name/label for me as an escape. I tried to fit myself into the authentic Thai category my family created and project all negativities to immigrant Chinese despite internalising the negativities projected to my skin colour through projective identification. All of these methods of dealing with the issues of the oppression kept the oppression hidden in silence. Osajima (1993) suitably calls the impacts of unrecognised racial oppression including internalised racism, 'the hidden injuries of race'. While you are reading my experiences and the reflections and analyses in this thesis, you will be able to notice that the issues of race occurred and reoccurred without any recognitions that the issues resulted from racial discrimination especially when I was in Thailand. As discussed in chapter 2, discrimination as a result of skin colour was not recognised as racial discrimination in Thailand despite the shared impacts on individuals. How people dealt with issues of skin colour was to do everything apart from challenging or changing the racist discourse. I was one of those people and you are going to see that I also did everything I could to be able to survive under the racist discourse apart from challenging or resisting it.

In an Arts class in primary school, students were assigned to draw a picture of themselves. I finished drawing the picture of myself and now I was going to start painting it, painting my skin.

'What colour should I use?

I ask myself, looking at my picture while also peeking at other classmates to see what colour they are using.

'They all use See Nuer'(the flesh tone colour mixed between white, very light brown, yellow and pink. See Nuer literally means the colour of skin).

'But should I?'

I start doubting. This task seems to take longer than it is supposed to. Painting the picture of yourself is not easy.

'The teacher said that we are making a picture of ourselves. So it has to be real. My skin is not See Nuer. It's brown. I have to pick brown colour.'

I want to strictly follow the instruction. I am that kind of student who wants to do the best and impress a teacher by doing what I am told to do.

'But I don't want to paint mine brown! It will be ugly! Other people painted theirs with 'See Nuer' and I want to do it too! The colour is called See Nuer so it has to be the colour of people's normal skin.'

I then pick See Nuer and paint on the skin of the picture of myself.

And while I am painting it, I am thinking to myself...

'This picture doesn't look like me. It's clearly not me, not my skin colour.'

I am looking around to check if other children are looking at my picture. The fear comes up...

'Will they notice that this is not me? Will they notice the difference of the skin colour that I am not using the brown colour, that I am not using the colour of my skin? Will they think that I am doing it wrong, that I am lying?'

I finish painting my picture despite wondering about all these during the painting process. While I am handing the picture to a teacher, I also wonder if the teacher would react to this difference.

'No one says anything about this.'

'Maybe they do not notice...'

From the experience, I was struggling to choose what colour to paint on my skin in the picture. I felt that that See Nuer should be the colour because its name meant skin colour and everybody used that colour for their skin. However, an internal conflict manifested since, in the external reality, my skin colour is not 'See Nuer' but it is brown, darker brown. When I looked at the picture of me with that light skin colour, I was aware deeply inside that it was not me and I wondered whether other people would think similarly. There was no comment on the girl's skin colour in the picture as far as I remember. I painted the picture of the phantasy of me. The difference of skin colours between the real me and the phantasised me was reflected visually through the art. Although this difference was not verbally voiced, the anxiety and the conflict in the process of making it were loud in my mind. Skin colour is the reminder of the negativities I internalised. It is part of me - my body - which is concrete, obvious and permanently painted, until some commercial business found the opportunity in the conflict between reality and phantasy of people's skin colour. They offered what was believed to bring reality closer to phantasy. It was skin whitening products.

When I was young, I resisted buying any of skin whitening products because I had formed an attitude that I was not supposed to conform to the social desirability of having white skin colour. "People who bought into those whitening products' advertisements were fool, superficial and easily persuaded" was what I was told. I do not claim this to be the fact and I do not have any intention to offend people who buy the products. That idea had been formed by what my family told me. They tried to help me not to feel deficient about my self-image but I took it as that I should not buy those luring products otherwise I became one of the fool who were tricked by the advertisements. Despite having that attitude, I could not resist the desire to conform to the social desirability. However, it took me a long time to decide to buy this first whitening product.

I am waiting until everyone in the family is busy so as to be certain that no one, especially my mother, will look for me while I am applying this skin whitening facial foam.

I am excited.

'Will it make any differences? Can it make my face whiter as it claims on the advertisement? It's not long now that I will find out. Can't wait!'

I am nervous.

'What if someone sees that I am using this skin whitening facial foam? But mum is watching a film so she will not look for me any time soon. Am I becoming like one of those naïve girls who are easily lured by advertisements? Am I becoming like one of those girls who have low self-esteem and are not happy with their self-image? I should be smarter than them. But I want to be whiter as well!'

I then wash my face with this skin whitening facial foam with a fear that someone might realise what I am doing.

After finishing, I rush to my room near a toilet, open a cupboard and hide the tube deep inside behind other stuff to make sure that no one can find it. It is difficult even to bring it out to use again, let alone to see. The mission is accomplished!

Looking back, I was excited, nervous and possibly feeling guilty. I was excited that I could not wait to see some change of my skin colour. At the same time, I was nervous that I would be judged as someone who was stupid that could be easily lured by some exaggerated advertisements and as someone who did not contend with themselves. So, I did not want anyone to know that I was going to use a skin

whitening product. I was afraid that I would be laughed at because I was no better than those girls. Moreover, the fact that I had that whitening product showed that I had saved some money from what I was given to spend on food in the school to afford this 'non-sense' product which was a big spend for me at that time. I felt guilty that I would probably have disappointed my mother if she found out that after all the things she said to me to prevent me from being a victim of the advertisement, I still fell for it.

Skin whitening product was believed to help me change that impossibility. I did not have to accept the fact that my skin was dark anymore if it could be whiter. Frustration, confusion, guilt and shame of being different internally and gradually manifested in my mind since the value of white skin spread throughout Thai society over a century. The discourse I submitted to was not only a physical difference of having darker skin colour but also the meaning and consequences that resulted from it. Those meaning and consequences are that if you have dark skin, you are not one of us; you cannot socialise with us; you are less than us; you belong to the unpopular; people are entitled to call you 'Black' and tease you with that name-calling that you cannot argue against; you should feel inferior and bad with yourself; your friends can only be those who share some attributes that most people find them deficient.

Shame and guilt are attached to that purchase. I was caught between the shame and guilt of not being able to resist the wave of social desirability as if I was rejecting my own kind, the kind of people who have dark brown skin. I did not want anyone to know that I was embarrassed by my dark skin while I also felt guilty of having that shame. It was the guilt and shame of being ashamed with my skin colour and perhaps my ancestry. According to Watts-Jones (2002), the shame of having a particular ethnicity can diminish one's self-confidence of being and expressing oneself resulting in keeping that shame in secret. Hiding the skin whitening product reflects hiding the shameful objects: the desire to be white, the failure to resist the social dominant discourse and the rejection of my skin colour, or to be fair, and my ethnicity. I also hid my skin colour in that painting with the hope that without expressing it 'visually' on the paper, no one would notice the difference.

Chapter 6: Being Thai in Relation to the Western World

In the previous section - 'Being Thai in Thailand'- I gave some backgrounds to explain why I am very conscious with my physical appearance and why I am concerned about being physically different particularly with the difference of skin colour. This section aims to tell my experiences in relation to the western world. It aims to give you some historical and societal knowledge about how Thai people including me developed certain perspectives on our relationship with westerners. However, I must remind you that my analysis which relates to my experiences in Thailand in relation to westerners is based on the context of where and when I grew up which influenced how I perceived myself and others. The flux of Korean, Japanese, or some other Asian cultures has tremendously increased in Thailand, which was not the case when I was young. Moreover, social class also determines which cultures people tend to hold. People in middle and upper classes are likely to adopt western cultures since they are able to afford western lifestyles and tuition fees to study in Central Europe or United States. Therefore, according to my family background where most of us graduated in United Kingdom, it is understandable why I have been influenced more from British culture.

I mentioned previously that I am aware of my physical appearance that I have yellow-brown skin, dark hair, and dark eyes. Although I am more self-conscious about my racial difference rather than differences of age or gender, I cannot deny that to be a Thai dark-skin woman added a negative stereotype to my self-consciousness when I came to Scotland. I was told that Thai women who have dark skin are seen to be beautiful in western perceptions. This should be a positive compliment. Unfortunately, Thailand is also known as one of the famous sex industries (Nuttavuthisit, 2007). Because westerners who are potential customers prefer dark-skinned women, many dark-skin prostitutes often go out with them. The popularity and the reputation of this incidence have labelled Thai women who go out with western men that they possibly sell themselves for money. The possibilities that they genuinely love each other and have an equal right to be in a relationship like other couples are dismissed. I was jokingly told by many Thai people before coming to

Scotland that "You probably will have a western boyfriend because westerners value the beauty of dark skin". Although having a western friend, boyfriend or girlfriend is desirable and envious for some Thai people, it still reminded me of the negative aspect that I could probably be seen as that kind of women because of my race. Moreover, if I analyse that statement further, there is an implicit meaning in it. It can also be interpreted that "Your beauty will be accepted there – in the western world. It belongs there, not here." That joke for a dark skinned girl was an insult and a compliment, envy and rejection all in one.

From my perspective, some Thai people are anxious and afraid of westerners because of the communication barrier. They do not want to speak English in case that they make mistakes and embarrass themselves. Therefore, many Thai people avoid making contact with westerners because of their embarrassment about English language. I was among those people. I remembered a time when a western tourist asked me and my friend for directions. Although we wanted to help, we were not confident in our English skills. I was afraid that not only might I frustrate or annoy the tourist because of my lack of fluency in English but also the judgement and embarrassment my friend may think of me because of my Thai accent, inaccurate pronunciation and grammatical mistakes. People who are able to speak English with a proper English accent are seen as more intelligent and elegant. People are not aware of various accents within the native English countries. As long as you do not have Thai accent, you are good. Thus, language is not just a means for communication but it also performs as an indicator of intelligence and class.

Language is not the only factor that has influenced my anxiety in interacting with westerners, but media and economics of tourism also had an impact on my frame of thinking. Media such as movies, television series, or television shows would spread stereotypes of Thailand about being a destination for sex tourism (Nuttavuthisit, 2007) and illegal drugs merchandise. Although most of the time, these stereotypes were played as a joke especially in comedian films such as *Bridget Jones: The Edge of Reason*, *The Hangover Part 2*, etc, they also created fear. I was afraid that people would have the wrong image of Thai or Asian people and they would categorise me into that group. Moreover, since one of the largest incomes in Thailand

is from tourism and the value of western currencies is much higher than Thai baht, many people especially Thai entrepreneurs tend to treat westerners better than they do the locals. They have an idea that westerners are richer and more willing to pay. This inequality of service has happened for a very long time. This inequality has possibly formed the idea that westerners are privileged and more welcome.

Throughout my education since primary school, I studied Thai and western histories and sociologies. In 19th century, imperialism and colonialism from European countries were spread over South East Asia. Although we usually say with pride that Thailand has not been colonised by any western countries, it is only the matter of fact that our country has not been ‘officially’ colonised but practically and mentally the country and the people have been already colonised by westerners (Harrison, 2010; Jackson, 2004). This ‘unofficial’ political colonisation still influences an individual’s mentality and behaviour at a psychological level. It is ‘the colonisation of mind’ (Kuper, 1974). The colonisation of mind consists of a denigration of subordinates and their culture, an idealisation of dominant groups and their culture, a justification and an acceptance of rules created by the dominant (Kuper, 1974). These are very similar to internalised racism. Thailand was seen as an uncivilised and barbaric country that westerners brought civilisation to such as education, technology, custom, etc. We were taught that our country is a developing country or so-called undeveloped country. Being undeveloped or uncivilised entails the feeling of being inferior. It reflects the idea that westerners are better than us so we need to follow them and their standards. This message spreads throughout institutions e.g., education, politics, economics, history, theology etc. When we were young, my friends and I used to have conversations that we wished our country had been colonised by Britain. At that time when we talked about this, I did not think that it was a very inferior attitude to have and to view our own nation. All I was thinking was that if we had been colonised by Britain, we would have been fluent in English and been a part of the Commonwealth which sounded privileged in this child’s mind (whereas now I proudly say that I am not part of the Commonwealth). What is sadder is that I have recently heard some friends who are very educated adult saying the same thing to me. Unfortunately, this thought of wanting to be colonised so as to be developed is quite common (Spivak, 2008). It reflects what Jackson (2004:237) who

is a Professor of Thai History, School of Culture, History & Language states that “You Westerners do not need to colonise Siam in order to make us civilised. We Thais are disciplined enough to subject ourselves to your standards of civilization”. The problem is that the notion of civilisation has never been clarified (Winichakul, 2000). And probably due to the lack of understanding and clarification of ‘civilisation’, whatever westerners do is perceived as a model to follow if one wants to become civilised. This belief permeates all levels in Thai societies and becomes a part of the Thai belief system. It can be reflected from when Thai people won or defeat westerners in sports, beauty contest, or academics that we were delighted and proud of ourselves as if we became equal to or better than them (Harrison, 2010). Chaipraditkul (2013) argues that Thailand had a fear of the western gaze during European colonisation. She uses the term ‘the fear of the western gaze’ to describe Thailand’s fear of being linked to savagery in the European gaze during colonialism, thus leading Thailand to abolish slavery in order to become modernised just like western countries. Although Chaipraditkul discusses this term in the historical context during colonialism, I think that the term can still apply to Thailand nowadays especially to those people whose minds are still colonised. When I first saw this term, I was struck by the association with the term ‘critical gaze of others’ used in chapter 5. I had a fear of being different and being seen as different from other children. There was a fear of the critical gaze of others. In relation to western contexts, I also had the same fear of being seen as different and inferior by white people, which is the fear of the western gaze that has a long history attached to it.

The idea that western cultures and westerners are better and admirable also came from a family. My parents and my sister have studied in United Kingdom. I have been told since I was a child how my mother loves being and studying in the UK and how she admires the British morality and customs. For example, if someone cuts in line, she would say that this would not happen in the UK. She often said that “People who respect rules like us cannot happily live in Thailand because we would be taken advantage of” which inferred that “British people are considerate, respect rules and don’t take advantage of others. And we are like them”. This attitude was shown in a situation when I came to Scotland and found some westerners cut in line, I suddenly defended the British, “No, they are not British. They must be tourists!”

What I was told since childhood gradually formed the idea that living in the UK is better and the British have higher morals. When I listened to what my mother said, I felt that I did not want to be like those Thais and did not want to live in Thailand. However, this contrasts to the fact that I am Thai and my home is here, in Thailand.

According to Frantz Fanon's idea (1952/1991), our desire to be colonised either because we would have been fluent in English or our country would have been better developed was actually from our unconscious desire to become 'whiter'. It is ironic though relevant that we also use whitening skin products to become 'whiter'. Becoming whiter is not only about changing your skin colour but also changing your way of living. Not only do we acculturate to western culture, but we also disown our own culture as Fanon (1952/1991:19) states "He becomes whiter as he renounces his blackness, his jungle". Examining the example about language, there is a privilege attached to people who can speak English fluently with a British or American accent. It is not just about having skills in English for communication. It is more about admiring people who can speak English with a British or American accent without a Thai accent, which, to use Fanon's quote, it is closer to white. Language is not just a means for communication but it also holds some qualities that reflect internalised racism in the minority ethnic. Fanon's statement reflects that changing from one culture to another in this black and white phenomenon is not horizontal but hierarchical. The beliefs about how westerners are and that we have to follow them can be adopted in one's mind without having any direct experience with western lifestyles or westerners. This is a feature of internalised racism that we do not need to experience any direct racial discrimination. We have learnt it through an oppressive and discriminative social system that we then internalise it and enforce it to ourselves. At that time, I did not know any British and had not lived abroad. All ideas I had about British lives came from public media, education, and family. I did not ever question how realistic it was about the British lives I was told or saw on television. I formed some strong beliefs about how I would be seen in British society and how the British was, even excused for some British who did not behave according to my belief system. Kitiarsa (2010) proposes a concept of Occidentalism adapting from Said's (1978) concept of Orientalism. Kitiarsa's thought (2010:58) on Occidentalism in relation to the relationship between Thai and westerners or *farang*

(the terminology of westerners in Thai) is that farang is an expression of Thai Occidentalism which means that it is "...a historically and culturally constructed way of knowing, dealing with, criticizing, condemning, consuming and imagining the West as a powerful and suspicious Other". Thai Occidentalism, according to Kitiarsa (2010), is the project initiated by Thai royal elites during colonialism and carried on by middle-class and mass media in present. It can be drawn from his idea that western characteristics Thai people have towards westerners are not exactly the real objects but the idealised objects that Thai people have phantasised. However, this does not mean that every attitude Thai people have about westerners is all phantasy since there is no clear-cut between the two unless one can be completely aware of one's own phantasy. But the example that I thought that 'all' British sharing all positive characteristics is certainly unrealistic.

The examples and explanations in this chapter reflect internalised racism from institutional level to individual level. Stereotypes and phantasies embedded in society at institutional level e.g. politics, media, education, language, history, culture gradually form the internal racist belief in an individual (Speight, 2007), in me. Internalised racism not only influences people of colour to diminish their sense of self and their culture but also cherishes the dominant, which sustains a dominant social discourse. My defence for the British is similar to Kincaid's (1997) in that our internalised racism created illusion or rationalisation as a defence mechanism in order to reduce the anxiety provoked by the conflict resulting in sustaining the normalcy of racialised society. Additionally, my desire to renounce and to be different from other ordinary Thai people and become more like westerners is the desire to belong and be accepted into the dominant group. This desire also feeds the dominant social discourse that any characteristics relating to 'white' (people and skin colour) are more powerful and acceptable.

Chapter 7: Being Thai in Scotland

The previous chapters gave you some perspectives I have formed since childhood in Thailand while I had not had any direct interaction with westerners. This chapter begins to tell some significant experiences about my racial identity when I came to Scotland. I would like to invite you to experience what I saw and felt while interacting with western and non-western people in Scotland under the shadow of internalised racism that had been formed since I was in Thailand.

I extract two paragraphs that I wrote in one of the assignments in the counselling training programme to describe the situation and feelings when I first met my classmates and tutors on the induction day, two weeks after my arrival in Scotland.

Tuesday 14th September 2010, I walk into a small room with 13 chairs positioned in a circle. My eyes rove around the circle.

'He is white'

'She is white'

'She is also white'

'He is Asian, probably from Middle East'

'She is white'

'She is Asian, probably from China'

Most of them look similarly;

They are foreigners!

'I thought that this is the international programme. Why most of them are white!'

I awkwardly walk into the room and sit on the nearest chair which is between two empty ones.

I feel so small and frightened.

I am an 'outsider'.

*Then some girls who look like Asian comes into the room.
I feel more comfortable.
'Okay, now I have friends'
Suddenly, one of these girls said that she is from North America and the
other was here, in the UK, for a year.
I convince myself again,
of being an 'outsider'.*

The feeling of being like an outsider followed the realisation that I was the only minority ethnic and non-native English speaker in the group who came straight from far away land. I felt little, uncertain, frightened and different. More than half of the students who were going to study in the programme were white. Reflecting on the excerpt, it is interesting that I said that they were foreigners (translated from farang in Thai) while I was feeling foreign. When I was looking around, I saw race. Race through skin colour was probably the first aspect that occurred to me. Gender was perceived too but it was not as strong as race. At that time, race for me was the indicator of their cultural background and their skills in English. It was the myth that if they were white, they could speak English well. But if they could speak English well despite their being a member of people of colour, they would also get to pass to a white group. Race and language, for me, were the determinants of social acceptance. I was afraid that I would not be accepted because of my cultural difference and language barrier. Moody (2002) tells her experience in the United States that Asians and Asian Americans can get the 'pass' that white people grant them to be included into their privileged group because their skin colour is fairer than black Americans like herself. I believe that Moody's experience is in the context where Asian and Asian Americans speak English as their first language or are brought up in America. However, from my perspective of being an Asian who speaks English as a second language, race is not the only quality to get 'the pass' but also language. Consequently, I tried to be sociable and involve myself in as many social events as I could. I was driven to blend in and to learn their western cultures in order to 'merge into'. I quoted 'merge into' because it was not that we equally shared our cultures in the group. I did not share much about my culture if I was not asked, since

I did not think that they would be interested to know or be able to engage with it. I needed their permission to tell my story and a promise that it would not be rejected or judged. Therefore, I was more learning about their western cultures in order to be part of them. Again, just after categorising my classmates into the white dominant group, I diminished my sense of self and confidence of being and expressing myself while giving them the power of normalcy.

In difference and diversity class, we are sitting together facing at the projection screen. The tutor tells us to observe our feelings and thoughts while seeing photos she is going to show. It is not difficult to guess that the photos are going to be about marginalised groups of people.

I have a sense that there must be some photos about minority ethnic, about the people of my kind.

I am nervous and anticipating.

The presentation starts...

A photo of a white man

'Okay. There's a man. Nothing special.'

A photo of a white woman

'Same. Normal. No feeling.'

A photo of the white elderly wearing bikinis on the beach

'Right. I can see that some people may be disturbed by this because they expect to see young people in bikinis on the beach. But I'm fine.'

A photo of white transgendered people

'I have seen many transgendered people in Thailand so that's normal although I haven't worked with them. I wonder how the work would be.'

A photo of a white guy with many tattoos and piercings

'Ooh! I can feel that I am scared of him.'

A photo of Hindu priests

'Oh! Asian culture now. Here we are'

A photo of Buddhist monks

'Buddhist monks. I wonder if they (my classmates) know these people are Buddhist monks'

A photo of dark-skin Asian kids, probably from South East Asia, half naked, playing along a river

'Oh no!'

A strong reaction suddenly hits me.

'They are Thai, aren't they? They could be Thai. Will anyone think that they are Thai like me? Is anyone looking at me? Will they think that I could relate to this photo, to those kids? It takes too long on the screen now. Come on! Change to something else!'

I am surprised with my strong emotions when I see this photo, the photo of the people who look like me.

I glance through the room to check my classmates' reaction to this particular photo and whether they are looking at me. It does not seem that anyone is looking at me.

A photo of a dark-skin Asian family, probably from South East Asia, lives in a small shelter in a field.

'Again! It looks like they are poor family living in rural area. Will they (my classmates) think that we (my family) live like this too? Are they feeling pity for them, for my culture, for me? Are they thinking that we are not civilised? I don't live like this. I live in a proper house in the city centre. I'm not like them. Will they think that I'm like them? I'm like you, you know, have a good education and a middle-class life.'

This is too much. I do not want to see it anymore.

I look away from the presentation.

I become upset and tearful.

I feel tense.

I feel guilty.

I am aware that I am rejecting these people, the people who look like me, my own kind. But I do not want to be seen like them. I am sorry that I feel ashamed of you but I cannot stop it.

The class then carries on, studying about difference...about me.

When I saw photos of Asian people and Asian cultures, one by one, I became self-conscious. I had negative feelings every time photos of Asian people were shown. I was frustrated, upset, tearful and nervous. I wanted those photos to pass quickly. I did not want to watch those photos. I looked away from the presentation and looked at my classmates to see how they reacted to those photos. I was wondering what my western classmates were thinking when they were looking at the photos. I did not want them to relate me to the materials we were watching. Although I sometimes felt connected and related to some of the photos because I knew what they were about, I did not want to be linked with them. I was ashamed that I looked like them, the people who were from developing countries – my country. I felt very guilty for being ashamed of my race, of my kind. I had not felt such a strong negative feeling as this before. It was when I was confronting my own cultural background among idealistic white people that I felt upset and inferior. The fear of the western gaze suddenly became apparent.

The self-consciousness about my racial appearance and the desire of not wanting to be seen as racially different became strong again when I visited a primary school in Scotland.

I am observing a classroom in Primary 3 in Scotland before starting doing counselling with some students there. I walk into the class room. There are about 20 students, one teacher and one teaching assistant. While the teacher is introducing me to the students, I sense that someone is staring at me.

I feel some strong energy attaching me to her

She has Asian physical features,

just like me.

An only South East Asian little girl in the class and probably in the school does not take her eyes off me.

I try to look away.

The teacher tells all students to come and sit in front of the room. It is a storytelling time.

The teacher and I are sitting in the chairs opposite to each other while the students are sitting on the floor around us.

The South East Asian girl is sitting beside me.

Both of us are wearing short sleeve shirts.

Our brown skin arms are very present.

While the teacher is telling a story, the little girl stretches her arm close to mine and tells me what country she came from.

She points at herself,

then points at me.

She says, again, the name of the country she came from.

'She must be asking whether I came from the same country'

'The teacher is telling the story. I can't talk to you now.'

I point at the teacher as a sign that she should be paying attention to the teacher.

The little girl does not listen. She stretches her arm close to her white peer,

then moves it back near mine again.

She does this repeatedly.

'Stop doing these! You are making it (our brown skin) more obvious!'

I feel her excitement and delight of seeing me,

someone who looks like her.

I do not feel the same.

I feel embarrassed, self-conscious, visible and different of seeing her,

someone who looks like me.

I feel guilty.

I felt her excitement and probably delight of seeing me, of finally seeing someone who looked like her in the school. Her excitement and delight made me feel guilty that I did not feel the same. I could not reciprocate her feelings. Instead, I wanted her to stop stretching her arm near mine. I felt that she was spotlighting the difference that I wanted to hide and pretend that it did not exist without considering that the difference was obvious to everyone despite her behaviour. At the end of the day, I met her again. She gave an artwork she made in the class to me. She then pressed her palms together in a prayer-like position and bowed slightly. That gesture is how Thai people greet someone who is older, which is not her culture. I remember that I had not told her where I came from. I was nicely surprised and reciprocated that to her in Thai style. I did not have any negative feelings unlike the time when there was the presence of Scottish people. The fear of the western gaze was not activated.

The self-consciousness of physical appearance and racial identity is significantly stronger after coming to Scotland. It is not just the difference in skin colour that differentiates me from other people but the way I look and the way I speak indicate how different we are. I was overwhelmed with conflicting emotions. On one hand, I was nervous that my white classmates would perceive the lives of those marginalised people as uncivilised and pitiful or pathetic which are far from their normal and civilised lives. Thinking that they could possibly have those thoughts, I was then embarrassed that those people could come from Thai cultural background or nearby and I was nervous that my classmates would think that I might live that marginalised life too. I wanted to detach myself from those people. I wanted

to 'renounce my jungle', to use Fanon's term (1952/1991:18), and announce that I have lived the lives that my white classmates have, that I am one of them. The presentation in difference and diversity class, in my opinion, defined difference and diversity by using the standard of being white, middle/upper class, heterosexual male in working age and without any disability as the benchmark of normalcy. A diverse range from this benchmark is considered as different and marginalised. By not being white, regardless of some similarities, I identified myself with the marginalised despite my resistance. In addition to the feeling of being exposed to a white group, having something physically resemble that reminds me of who I am and where I come from made it more difficult to suppress the difference or pretend that there is no difference. The photos of those Asians and the Asian little girl with brown skin in the primary school are the reminders and the reflections of where I come from, of who I am, of what colour I have. This process was vividly and visually illustrated through the little girl's comparison of our skin colour and her white peers'. It was as if she was telling me to admit that we were similar and we were different from those white people, that our skin colour was an indicator of the difference we could not escape from. It did not occur to me that I was 25 years old having the internal conflict when interacting with these 7-8 years old children. Age is not the factor that influenced my fear of the critical gaze of others. Race is.

On the other hand, I also felt connected to those Asian people and Asian cultures because they are part of me as well. We shared some beliefs, attitudes and practices that other people who do not grow up there would not understand. This bond of understanding always keeps me connecting and relating to them. Probably because of this bonding, it brings guilt and shame to me when I tried to renounce it in front of white people – adults and children. In order to pass to the white privilege, I felt that I had to reject those Asian people I was familiar with and connected to as if I was afraid that I would be refused to join the white privilege group if they knew that I related to those uncivilised people and cultures. These conflicting emotions were battling in my mind during the intense incidents.

Chapter 8: Being Thai in Counselling Practice in Scotland



This chapter tells my experiences about my counselling practice both with adults and children particularly at the beginning of my training period when issues about racial differences were powerful. An initial session is emphasised more than other stages in counselling sessions because my concern about racial differences was very strong then. Thus this chapter aims to show how racial issues manifested and had an impact on my therapeutic relationships with both adults and child clients.

I add this photo of me in this chapter because I would like you to know how I looked when I started practising counselling. This photo was taken on the first day that I was going to have my first client. I intentionally tried to dress as smartly as I could so a black coloured jumper was chosen, but at the same time I did not want it to be too formal so I topped it with grey casual blazer. The greyish trousers were chosen to match the tops. I would like you to imagine your first reaction, thought and feeling if you go to a counselling centre in the city centre and see this person approaching to you and introducing herself as your counsellor. Would you feel surprised, shocked, disappointed, nervous, worried, suspicious, doubtful, upset, angry, or insulted? I would, all of them.

Before coming to study counselling in Scotland, my parents had a conversation with me about studying counselling overseas especially in western country that I must prepare myself for challenges in clients' rejection and a struggle of self-esteem because it was going to be difficult as I might not be respected and accepted by western people. "They (Westerners) will not want to consult you because they think that you do not know anything and cannot understand them and their situations." In other words, I could be rejected because I am Asian, so to speak. This was what my parents warned me. They encouraged me to improve my English skills a great deal, because it is the only means for me to prove that I can understand and empathise with clients. Still, it was not surprising to hear this as I heard this from friends too and I was aware of the possibility myself. Ideally, my parents highly suggested I would not interact with any Thai people in Scotland so that I would not speak Thai but only English to improve the language. I knew myself that I could not and would not do it so, instead, I tried to make few Thai friends and many western ones.

What I carried with me in a baggage from Thailand to Scotland were not only excitement, expectation and eagerness to learn in education and culture, but also nervousness and a prepared state of mind of potential rejections from racially and culturally different people. In chapter 5, I have discussed an extra role of parents of dark-skin children that they try to protect their children from the racist society that is going to oppress and lessen their humanity. How my parents helped me at that time was to create a new label of authentic Thai for me to fit in, project some negativities to Chinese immigrants and internalise western attitude of beauty. At the age of 23 when I was preparing to start my postgraduate study in Scotland, my parents did not forget to protect me from the racist society. How they helped me at this time was to prepare me for rejection, avoid my kind i.e. Thai people and Thai language and start becoming 'white' i.e. speak only English and hangout with westerners. The anticipation of rejection I was equipped with was to protect me not from a rejection itself but from its surprise. "At least I know it is going to happen" could be in my unawareness. The preparation possibly gave me a delusion that at least a rejection was under my control since it was anticipated. The strategy that my parents came up with was not to fight against racism but to fight for a place under this racially

discriminating world by trying to fit in, to be accepted and to be 'able' (to speak proper English). I agreed with them although I knew that I could not entirely 'reject' or avoid my kind because I knew I needed them. They represented the part of my self that I was comfortable with. We, again, maintained the oppressive discourse and reinforced internalised racism as a way to survive. Nevertheless, I am not saying that my parents are solely responsible for my internalised racism because from Thai social discourse I described earlier, Thai people have historically learnt to assimilate and accommodate to western cultures for acceptance and survival.

Starting counselling practice usually stimulates anxiety, fear and feelings of incompetence among therapists (Thériault et al., 2009). My experience was no different. Skovholt and Rønnestad (2003:52) made a metaphor about transitioning from studying counselling in a classroom to starting counselling practice that "it is like learning a foreign language and then going where they speak that language. Suddenly, the book learning hits the practical world; language is used differently in terms of usage, style and syntax". The irony of this statement is that I was actually going to speak a foreign language as well as transition from counselling classroom into counselling practice. Anxiety, fear and feelings of incompetence resulted not only from being a counselling trainee who had finished just over a semester of studying counselling in classroom, but also from being a minority ethnic who had packed some fear and anticipation of white people's rejection and feeling of racial inferiority in her baggage from Thailand and was going to bring it to counselling room.

The counselling centre in which I had counselling training is part of the university and is a practice and research centre for qualified therapists and therapists in training. The service offers counselling to individuals over the age of 16 who are not students or staff at the university. The counselling centre has three small counselling rooms, an office room and a hallway where clients sit and wait for their therapists to take them to the rooms. Before meeting therapists, what clients knew about their therapists was their first name. What therapists knew about clients were their full name. During the time that I was in training, there were two people working in the office for managerial tasks and two other trainee therapists. All were white. When clients contacted the centre to arrange counselling, they would be asked by a

receptionist for their general information i.e. name and contact details and checked to make sure that they were not university staff or students. We were assigned a counselling room and we would use the same room throughout our training. My room was located behind the office room and in order to go to that room, we had to walk past the office room which was not big either. Therefore, I usually let the other two trainee therapists go to the hallway to take their clients first so that my client did not have to walk past four people in the small office.

I would like to invite you to go back to section 2.8 and reread Walker's (2004) white client's narrative about when she met Walker, who was a black therapist, for the first time. The client's narrative gives you an example of what was going on in a white client's mind when she realised that her therapist was black. The client was not mentally prepared for this situation and, to be fair, who would think that they would have to be when it was not common to have a non-white therapist. Thus, there was a moment of shock and fright in the first meeting from the client's side. Now, what I give you here is the narrative of my internal process when I was about to meet white clients.

In counselling practice, every initial session is intense and crucial for me. The internal intensity started from the moment I am going to meet a client.

It's time. Two white therapists are walking from the office to the waiting area to take their clients to their counselling rooms. I am waiting anxiously in the office until both of them have taken their clients to the rooms. What I was wondering was:

'What does a client look like?'

'Will they be nice?'

'Will they know that I am not from here (Scotland)?'

'Will they mind?'

'Will they be surprised to see me?'

'Will they be disappointed to know that I will be their therapist?'

'Will they prefer the other two white therapists?'

'What if I could see their disappointment?'

'How should I greet them? Should I shake their hand, introduce my name and tell them that I am going to be their therapist? Or should I just shake their hand and introduce my name?'

'Will they wonder where I came from?'

'Should I tell them that I am from Thailand?'

I walk slowly to the waiting area with a smile on my face, hoping that it can conceal all the anxieties.

These were the questions I had in my mind in addition to the usual anxiety of doing an initial assessment. When I walked to the waiting area, after the two other white therapists, to take a client to the counselling room for an initial session, I felt that I was disappointing the client, at the very first moment that we met, for having me as their therapist. I was thinking that if I were a client and I saw the other clients who were waiting for their therapists that they, one by one, got white and western-looking therapists; seeing an Asian coming towards me and realising that she was going to be my therapist could be unexpectedly disappointing and perhaps worrying. I tried to manage these concerns by 'acting' as if it was common to have me – as if there was no difference, no surprise, everything was normal.

My experience of meeting white clients shows how I was feeling as an Asian trainee therapist who had internalised some racial oppression that people of colour would not be accepted among white people because we were not good enough. I was anxious when I was going to deliver the (bad) news that I was going to be their therapist to those white clients who were nervous already with their own problems. I anticipated what was going to happen, which was that the clients could be surprised and possibly disappointed and terrified. This anticipation resulted from what Kareem (1988) calls 'pre-countertransference' which was conceptualised from Curry's (1964) concept of pre-transference. Pre-transference is white clients' negative preconception they have towards black therapists even before they are met as a result of living in the society that has negative views of the therapists' race (Curry, 1964). Pre-countertransference, on the other hand, is what therapists have towards clients when the therapists hold negative ideas about a particular group that the clients belong to (Kareem, 1988). Although Kareem focuses on negative preconceptions therapists

have towards clients, I believe that negative preconceptions therapists have towards themselves should as well be included in the pre-countertransference because it also affects therapy. Internalised racism is part of the negative preconceptions which leads to the pre-countertransference that white clients were going to be disappointed and make some negative judgements about therapists of colour because of the therapists' race. This could lead many people who internalise racial oppression to distance themselves from being seen as foreign and different and identify themselves with the dominant (Pyke & Dang, 2003).

One of the approaches to distance myself from being seen as foreign and different and identify myself with white people is to hide behind a professional mask and adopt a colour-blind attitude as discussed in section 2.7. Although I expected negative emotions from clients, I did not know and did not want to know what their reactions to my race could be. In other words, although I might 'foresee' what emotions the clients could possibly have, I did not want to 'see' them. I was not ready for any challenges especially when the challenges were about my racial identity that I was not comfortable with. Skovholt (2012) states that trainee therapists may have an idealisation of professional identity and they may suppress their personal self in order to pursue an idealised professional identity despite the inseparability of professional and personal identities. It could be interpreted that trainee therapists may view personal self as a threat to their professional identity. I did view my racial identity as a threat to my professional identity because I was nervous that my racial difference would obstruct the development of therapeutic relationship with clients especially in an initial session. The anxiety of being excluded and judged because of racial prejudices is common among people of colour who do not want to bring their racial identity into the profession (Shah, 2010). It was impossible not to bring my racial identity into the profession because just after I went to the waiting room and started greeting clients, I inevitably disclosed the racial part of my self that I extremely wanted to hide. My race was unspoken but visibly disclosed. As a result, I avoided having to confront any challenges by refusing to see them, to see any differences despite their obvious visibility. I deluded myself with the thought that everything was fine and normal. Reflecting on this, it is similar to the time in the primary school when I was painting my skin colour of my portrait (see

chapter 5). I wanted to be normal and did not want to be seen or to see the brown colour, the difference. In that chapter, I wrote ‘...without expressing it ‘visually’ on the paper, no one would notice the difference’. In this situation, the delusion was that ‘without expressing it ‘verbally’, the clients would not notice the difference’. Unlike the situations of that painting, the photos presentation in difference and diversity class and the action of the South East Asian pupil (see chapter 7); there was no external visual objects in the counselling room to remind me of how I looked. Thus, it was easier to become ‘colour-blind’. Griffith (1977) states that white therapists may have a colour-blind attitude with clients of colour by treating the clients just like any other white clients. The irony of this is that as a therapist of colour, I still adopted the colour-blind attitude by pretending that there was no difference between white clients and me despite having the anxiety about it. I also hoped that the clients would have that colour-blind attitude too. In my internal phantasy, I wanted to start a therapeutic relationship as a therapist-client dyad, not a therapist of colour-white client dyad. The fear of being judged because of the racial difference and the adoption of a colour-blind attitude probably led to the process of using my professional identity to create the illusion of the invisibility of racial difference.

The following is a composite account of an initial session with a pseudonym client named Susannah. It is based on my experiences of initial sessions with many white clients. I would like to show you how I idealised my professional identity in order to suppress my racial identity and distance my foreignness:

Just before 2 pm. on Monday. Three trainee therapists, two whites and one Asian (me), are waiting in a small office room. This office room is the main room in the counselling centre. It is where therapists wait for their clients, write their case notes and have a small chat about our lives. It is also where clients come to pay their counselling fees. It is the transitionary space between the therapeutic world and the outside world that reminds us of other responsibilities we also take. Two receptionists, both are white, are working in front of the computers.

A doorbell rings.

A receptionist lifts the door entry phone on her desk to answer a client and unlocks the door. The client opens the door and slowly enter to the hallway while the receptionist is walking to the hallway to offer them a glass of water and ask the client to sit in one of the three chairs to wait for their therapist.

Three therapists are waiting to hear from the receptionist whose client that is. The therapist whose client has arrived can be at ease while the others are waiting and hoping that their clients are on their ways.

All of this happens every Monday just before 2 pm.

Today is my initial session with a client.

An assessment form for an initial session is printed by a receptionist for me to take to the counselling room. All I know about the client is her name and the date she contacted the counselling agency. All the client knows about me is nothing, not even my name, unless some client asks to see only a female or male therapist (The counselling agency changes to give a client their therapist's first name a few months later). The form has questions about a client's personal details such as date of birth, gender, ethnicity, occupation, etc. and their medical history including GP and surgery names. It also has a risk assessment asking if a client has a risk of self-harming and suicidal ideation. The last page asks the client to rate their well-being and how much they can pay for the service. Apart from these two-sided three pages assessment form, I also have three leaflets to briefly go through with a client about the details of this counselling agency and its policy and the details of other organisations for emergency.

I read and reread all the documents I have, especially the assessment form. I sit in the chair where I will sit when I take a client to the counselling room. I imagine that a client is sitting opposite. I try to imagine how the session is going to be. I practise pronouncing the client's name. I practise asking all these questions with myself. I ask a question. A client answers. It should be as simple as that. I want to plan what is going to happen and I want to have everything run according to plan. I want everything to be perfect. No mistake.

2 pm. It's time! Two white therapists are walking from the office to the hallway to take their clients. Their counselling rooms are further near the front door while my counselling room is behind the office. As the office is fairly small, I do not want to take the client first and try to walk past the other four people in the room. So I decide to go last. I am waiting anxiously in the office until the other therapists have taken their clients to the rooms.

Despite being very nervous, I take a deep breath and 'neutralise' my face to try to hide any signs of anxiety. I walk steadily to the hallway. I see a client sitting in a chair waiting to be called.

"Hi. I'm Panita" I introduce myself and offer my hand to a client.

"Hi. I'm Susannah" she replies and shakes my hand.

"The room is just behind this room (the office)" I lead the client to our counselling room.

We walk past the office room where two receptionists are working. None of them looks at us. I let the client enter the counselling room first as I am going to close the door. The room is very small that it can fit only two single armchairs and one medium-sized cupboard.

The client is still standing, not sure which armchair she is supposed to sit

in.

“You can sit anywhere” I give her an option to choose as I remember from the class that any choice a client chooses can have some meaning.

Also, giving them a choice is to give them a power to choose.

The client chooses to sit in the nearest armchair. I go to sit in the opposite one.

On the top of a small table near us lies the assessment form, the three leaflets and a pen. The client is aware that there are these documents on the table. I tell the client that this is an initial session and this is the form that I have to ask her for some information. I ask the client if she wants to go through the form first or she has something she wants to say first. The client wants to finish the form first so I ask her questions.

“What is your date of birth?”

“24th May 1972”

“What is your ethnicity?”

“Scottish...British”

“What is your Surgery’s name?”

“Leith Mount Surgery”

‘Lead what?! The next word she said starts with M but didn’t quite catch it. Don’t want to ask. No, I shouldn’t ask. Will search online what it is later.’

I pause for a second with confusion and fear of not knowing what that place is but still try to keep my face solid as if I understood what she said. I hold the form up to make sure that the client cannot see what I write. I note down Lead M.

“What is your GP’s name?”

“Dr. Stephen \$%#@~%”

‘Stephen what?! I didn’t catch the last name. And how is Stephen spelled? Is it Steven or Stephen? Well, hope that there is only one Stephen or Steven in that Lead M. Surgery. I will have to look it up later.’

“What brings you here...to counselling?”

“Well...” The client starts talking about what has been troubling her. She goes on about how difficult it is to live in her destructive relationship.

“He acted very strange like...you know...”

The client is looking at me while speaking and I feel that perhaps she expects me to know what she is going to say and that’s why she said ‘you know’.

‘But I don’t know what she is going to say! What he acted like?’

I nodded, hoping that the client would think that I could guess what she is thinking to say.

The client continues talking.

“I am very sceptical about the whole situation.”

‘Sceptical? What does that word mean? Should I ask the client what sceptical mean because it sounds important? I should ask her but I don’t want her to think that I don’t know the meaning of it, especially if it is an easy vocabulary. Will she lose trust in me and my English skill if I ask her for the meaning of ‘sceptical’?’

“Sceptical” I pronounce the word back to her hoping that it will be perceived as a reflection for further exploration and hope that she will somehow clarify that word to me without any need to ask for its meaning.

“Yes, sceptical. I doubt that he can change.”

‘Ahh...I know what doubt means. So she is not sure if he can change. Now I understand. Thank goodness that I didn’t ask for the meaning of it. Good strategy!’

“From how he behaved, it sounds like you don’t believe that he is going to change and that the situation can be better.” I summarise what she has said.

“No, I don’t. I don’t even know if I still want to discuss this with him again. It becomes a vicious circle now, if you know what I mean’

‘Yes, of course I DO know what you mean! Do I look like I don’t

know what you are saying? Are you checking if I am capable of understand your English? Do I have to tell you that I understand what you have said so far?’

“Yes” I respond, slightly nodding with the empathic facial expression.

“You’re anticipating that talking about it again may make everything worse”

“Sorry. I don’t know what you mean” her head slightly moves forward to hear what I am saying. Her face shows that she did not quite understand it.

‘Oh no! I said that wrong, didn’t I? So now she knows that I’m foreign and not good at English. Will she think that I am incompetent?’

“Umm..I mean that you’re anticipating...expecting that having a further discussion with him about the issue can lead to other never-ending problems.” I am nervously explaining what I said, hoping the client is not too bothered by that mistake and does not think that I am stupid.

“Yes. That’s what I’m thinking” she replies.

I glance at the clock and see that we have around 10 minutes left. I stop the client when she finishes what she is saying. I ask her the last few questions in the assessment form regarding her well-being and relationships with friends and family.

Then I tell the client about the counselling contract.

“So, the session is at same time, at 2pm. every week. Starts from next week. You don’t have to pay for this session. You will start to pay from next week. The money is only for the counselling agency so please don’t worry about it.”

The client nods, showing her understanding. We have few minutes left. I ask the LAST QUESTION.

“Do you have any questions?”

'Don't you want to know where I came from?'
'Do you know where I came from?'
'What do you think of our cultural differences?'
'How well have I done so far?'
'Will you give me a chance to be your counsellor?'
'Will you come back?'

"No.", she replies.

In an initial session, therapists are required to inform clients about counselling and confidentiality, gather personal and medical information about clients including risk assessment, assess clients' problems and expectation from counselling, and explain counselling fees. In addition to these practical tasks, therapists also try to engage and establish a rapport with clients which, in this process itself, has many tasks involved e.g. using verbal and non-verbal communications to encourage the clients to expand and explore their problems, demonstrating understanding and empathy with the clients' content and emotions. Considering all these tasks in an initial session, it is not surprising that Miller (2011) states that trainee and experienced therapists are challenged and anxious in the first session with a new client. Miller (2011) particularly focuses on trainee therapists, suggesting that they may find the responsibility of leading the session and containing clients' emotions daunting and overwhelming. He also gave some examples of the questions trainee therapists usually have such as how they greet clients, how they will start, keep going and end therapy. What is missing in Miller's argument (2011) is what could possibly happen in trainee therapists of colour when they start working with white clients; what struggles and questions they have to go through. I give you an interpretation of my experience in my initial sessions with white clients as follows.

The composite case study of Susannah shows my anxiety and intensity in the initial session with her. During the 50 minutes of the initial session, I felt like I was in a job application asking for a chance for this therapist position. I felt that I needed to use the 50 minutes to prove to Susannah that I was good enough to be her therapist; that I could cognitively and emotionally understand and empathise with her. I needed to prove that although I look different and English is not my mother

tongue, it did not mean that I was incapable of understanding her. I was trying to show that I was good enough. I could understand her. I could communicate with her. I could empathise with her. So, please hire me. At the end of the session, I really wanted to ask the client if she would accept me or not, whether she would come back. If I could say something to her, I would say “Please don't judge me and my competency based on my appearance of being Asian and some mistakes in English. Please give me a chance to cross these barriers to work for you” At times in the session, I was aware that the reason of reflecting and paraphrasing what Susannah said back to her was not done for reflective purpose but it was a strategy to show that I could communicate with her, that I could understand her English. When I felt that our therapeutic relationship was not strong enough, I did not trust that the client had trusted me. I was aware that I could not genuinely be with her. In other words, I could not genuinely be myself but I was hiding under the idealised professional mask that I tried to cover my Asian trainee's face (identity). I did not want to ask the client to repeat what she had said or ask for a meaning of some vocabulary because I did not want her to think that I did not have enough skills in English. I said the word back to the client with a hope that she would clarify it herself. I was afraid that the client would lose trust in me. I did not want to ask her for more information about some local socio-cultural background/knowledge that I did not know e.g. local organisations or communities because I did not want her to know that I was not familiar with the culture here. I left all the confusions and hoped that she would talk about it again or I would ask my supervisor or search on the internet to find it out myself. I was trying to avoid showing any signs of “not knowing” as I was afraid that the client might interpret them as my inferiority and lack of competence, which could be exaggerated when combined with my race. Instead, I was trying to act professionally. Moreover, there were some phrases or statements from the client that made me feel uncomfortable and challenged. For example, when she said, “You know”, “Do you know what I mean?”, “If you know what I mean”. Usually, they are just the expression when people are thinking or wondering if they articulate what they are trying to say. However, I felt challenged almost every time I heard these phrases because I interpreted them as I was being asked if I was capable of understanding her. Similarly, I felt challenged when I could not articulate what I was

trying to say or could not make the client understand it. When she looked puzzled after I said something or when she directly told me that she did not understand what I said, I felt that I had made a mistake and she would think that I could not understand her. Any mistake made me fear that it would lead to immediate premature judgements. The risk of making mistakes could be the cancellation of all appointments. Silence was also another moment when I felt my fear of being judged. I interpreted silence as that she was judging me as to whether I was competent enough to be her therapist. I occasionally wonder whether it would be less anxious or worrying if I was not minority ethnic.

Apart from trying to achieve all the tasks trainee therapists have to do in an initial session, I felt that what I had to do more than anything else was to prove that I was good enough to be a therapist for white clients. A fear of being perceived as incompetent because I was not white and was not a native English speaker was an extra hurdle I had to overcome internally and interpersonally. Additional questions therapists of colour like myself might want to ask were how I could assure white clients that I was a good enough counsellor despite my racial difference, how I could address the issues about racial difference with white clients, what if I did not want to address them, and how I could make white clients accept me and ‘overlook’ our difference.

Moreover, my experience in initial sessions with white clients supports the issue of a therapist of colour – white client dyad about status contradiction or power reversal between the low status of being a person of colour and the high status of being an expert in therapy. I knew that in the initial session not only do therapists assess clients, judging whether they were suitable for therapy, but clients also assess therapists (Laungani, 2002). I did not feel that I had the power of being a therapist, the role of an assessor to decide whether a client is suitable for therapy or not. Instead, I viewed myself as a job applicant and it was solely up to the clients to hire or fire me. I looked for white clients’ affirmation and acceptance and gave the power and the responsibilities to the clients to decide whether I was right for them. This is the power reversal dynamic that Tyler and colleagues (1991) argue that it is likely to happen when there is a status contradiction. Therapists of colour who find themselves struggling with power reversal may perform whiteness, collude with

white clients in denial of racial difference, avoid working with white clients or challenging racial issues in sessions, confront with clients about their racial attitudes right at the outset, require the white clients' reassurance, prove their competence, or try to disprove the clients' prejudgement (Comas-Díaz & Jacobsen, 1995; Gardner, 1971; Griffith, 1977; Laungani, 2004; Mirsalimi, 2010). These behaviours are discussed as follows.

Reflecting on my experience in initial sessions, I performed all of these behaviours except for consciously confronting clients about their racial attitudes. It is not surprising that I did not challenge or confront clients about racial and cultural differences. If you review chapter 5 and the earlier of this chapter 8, you could see a pattern of how adults in my childhood i.e. my family and my teacher and I dealt with the issues of difference. We chose to hide our marginalised identity behind the more neutral or desirable labels (identities) such as authentic Thai, a neutral nickname, an academic, and now a therapist. We suppressed who we were. Instead, we showed them that we could be just like them, either by trying to change our skin colour, trying to speak fluent English with an English accent. Confronting and challenging the issues of racial difference was not an option. Instead, I colluded with white clients in denial of our racial differences, or vice versa. Helms and Cook (1999) suggest therapists ask clients about working with the therapists who are from different racial background because there could be relationship barriers in the cross-racial therapeutic dyad. However, it was not easy for me to broach the subject not only because I was a trainee so I was not confident enough to manage the complex challenges of racial issues, but also because the nature of internalised racism influenced me to hide my racial identity and assimilate myself into the white clients' racial standard. It was impossible to raise the issues of racial difference while I was still trying to pretend that there was no difference. Having said that, deep down inside, I was always curious what clients felt and thought about our racial differences. Perhaps, I also yearned for the racial difference to be named. The unspoken could eventually be spoken. I have told western classmates that none of my clients asked me where I was from. They were surprised as they all were asked where they were from. I was surprised to know this difference too. I felt like I should be the one whom clients asked most because I obviously did not look or sound like them at

all. This made me wonder what clients were thinking when they saw me. It seemed like my race was unspoken but mostly disclosed. As mentioned in section 2.7, therapists must attentively make the difference 'visible' in order to have a conversation about it despite the visibility of racial difference. This unknown created the fear of being judged wrongly. To analyse this, I would like to quote Fanon's statement (1952/1991:221) about the complexity of the perception of racial visibility:

When it does happen that the Negro looks fiercely at the white man, the white man tells him: "Brother, there is no difference between us." And yet the Negro *knows* that there is a difference. He *wants* it. He wants the white man to turn on him and shout: "Damn nigger." Then he would have that unique chance - to "show them...."

Despite the anger in this statement, it reflects the desire of the black man to be noticed as different and have the white man to raise that difference and also to enact the unspoken hatred and fear in racism. This also shows the power that the black man gave to the white man that if the white man called the difference out, it would give the black man a chance to show their difference, to escape the trap of the unspoken/undisclosed racism, to make the racism visible. It is as if it would give the black man permission to be free, to be himself. While I am writing this, I realise that I am interpreting Fanon's statement according to my experience with white clients. Although I wanted my differences i.e. skin colour and English language to be invisible or unnoticed, I knew that clients and I were different. Nothing could change that. However, I did not feel that I could raise the subject. The reasons could be that 1) I was not ready for it, 2) I did not want clients to think that I was accusing them of potentially being racist, 3) I gave clients the power and responsibilities therapists usually have, or 4) the combination of all these reasons. I think that if clients had raised the difference, I would have been terrified to deal with it but I would have also felt relieved that I could now take my white professional mask off and start to become myself. As discussed in section 2.7, despite the visibility of racial difference, therapists or clients must make the difference visible in order to have a conversation about it. Because I had a fear of rejection, I let my therapeutic relationship with clients under the illusion of the invisibility of racial difference. Referring to section 2.8, having white people call out the racial difference even with a sense of oppression

will stop people of colour from wondering whether they would be judged based on their race.

Unlike working with adults, there was no hesitation of asking where I came from by children.

I have the first session with a 7 years old white Scottish boy. While we are playing in the playroom in a school, he suddenly ask me...

“Where are you from?” he ask with a neutral tone of voice. His eyes are still focusing on a toy.

I was surprised and slightly taken aback.

‘You are the first client who ask me this question. Neither of the adults or the children clients had asked me where I came from.’

‘Did you notice something different?’

‘Is it okay if I say I came from Thailand?’

I pause for few seconds and reply to him with an anticipation of what the answer may entail.

“I came from Thailand.” I reply and look at him to check his reaction.

He is still playing with his toy. Suddenly he says...

“My mom...”

‘Oh no! Please don’t say that your mom told you some bad things about Thailand’

I hold my breath. I become nervous and hope for the best.

*“My mom...has not told me anything about Thailand” The boy replies.
He continues with his play.*

I can feel my relief after hearing what he said.

*‘This is silly. Why did I worry?!’ I am amused with my preconceived
worry.*

When it comes to the issue about race, I put myself in an inferior position. I felt insecure, shameful, and shaky even with a little boy. The same fear I had when working with adult clients also occurred in working with children. I was concerned with how they would perceive me and whether they would accept me. I perhaps watched many films that portrayed troubled teenagers or children who were not hesitant to show a clear discrimination or racial slur. Accordingly, I was worried that I would receive some offensive statements or questions about my race. Or if children told their parents who their therapist was, their parents might not want them to work with me.

In order to have clients accept me, I felt that I had to prove my competence. Skovholt and Rønnestad (2003) argue that novice therapists usually have a mindset that if they are knowledgeable enough, skilful enough, able enough, powerful enough, empathetic enough, etc., things will work out. However, as a trainee therapist of colour, I may as well add ‘white enough’ to my mindset. The only problem about being white-enough in comparison to being skilful-enough or empathetic-enough is that it is impossible to succeed however hard I tried. As what Bhabha (2004:128) says about people of colour wanting to assimilate themselves into a white group, they are “almost the same but not white...”. However, I probably did not want to accept the impossibility of it. I strived to be accepted by white clients in order to survive in therapeutic practice. This desire was strong enough to have me believe that if I were white enough, clients would accept me. Reflecting on this belief, whiteness in both the political term and the literal term has been associated with power and acceptance from my experiences since childhood.

I discussed the importance and the function of language, especially in English, that language was not only a means for communication but also indicated intelligence, class, and whiteness for me. Speaking English correctly with a British accent was perceived as the 'pass' into the white group (see chapter 7) and distance myself from being seen as foreign (Pyke & Dang, 2003). Thus, in initial sessions, what I was concerned with was to perform English well in order to be accepted. Showing mistakes in English was interpreted as showing my weakness which was a reminder of my racial identity and difference between clients and me. I discussed earlier that there was no external visual objects to remind me of how I looked in a therapeutic room, no mirror. However, English was the vocal reminder of how I sounded, which reminded me of my racial difference again. Hearing clients say, "You know", "Do you know what I mean?" or "If you know what I mean" was interpreted as a challenge to my attempt of performing white.

Not only did I feel that I had to prove my competence, but I also felt that I had to disprove clients' prejudgement about me based on my race. Helms and Cook (1999:161) note that clients who have preconceptions of racial prejudice may find it difficult to trust racially different therapists, thus "...therapist may have to prove that he or she is different from the client's in-group stereotype of members of the therapist's racial group". This statement shows that there is an extra work around racial issues for racially different therapists to work on in order to disprove clients' prejudgement about the therapists and build trust. I would like to discuss further about clients' approval of racially different therapists. An approval that white therapists have to achieve from clients of colour, according to Helms and Cook (1999), is a trust that white therapists are not going to oppress, judge or impose white standards on clients of colour just like other white people usually treat them in the outside world. Whereas what people of colour who may hold internalised racism generally want to achieve from whites, according to Fanon (1952/1991) and Harrison (2010), is a desire to be on an equal footing with white people. Helms and Cook (1999) illustrate that white clients may want to know that therapists of colour are competent and intelligent enough by asking about therapists' qualification. Accordingly, therapists of colour may feel a need to prove that they are equal with white clients in humanity and intellectual capacity. From my experience, proving

myself to gain trust from clients had a sense of ladder-climbing, that is, I had to climb up from stereotypical images of Thai women which had been set low e.g. being a prostitute, an inferior or uncivilised. Thus, there seems to be two tests to pass for me in order to gain trust; one regards to professional status and the other is human status. A supportive sign of being accepted as a human being, as who I am is when clients called my name. Hearing clients calling my name was fulfilling. It gave me a sense of acceptance that clients remembered, acknowledged, and accepted me and my existence not only as her generic therapist but as a person; this particular individual...‘me’. Being acknowledged by name gives a status of the ‘self’ in the intersubjective relationship (Moodley, Lago, & Talahite, 2004). There is no need to hide behind a professional mask or a white mask anymore when clients accept me as who I am.

Another behaviour in the power reversal dynamic is that therapists of colour would look for white clients’ reassurance. I wanted to be reassured that I accurately reflected and empathised with clients so as to gain self-confidence and self-esteem in practice. It is a combination of a trainee who seek clients’ approval and a Thai who seek white people’s approval. I did not trust that white clients would trust me. And this probably prevented me from taking risks or challenging clients because I was not sure if they trusted me enough to take any challenges or allow me to repair a relationship when it was ruptured. It was as if I were standing on vulnerable glass waiting for it to be broken if I stepped too hard or put a wrong foot on. I felt that I must not make any mistakes because it could cost me a therapy cancellation, which also gave me a sense of rejection. Fanon (1952/1991) mentions that it is very easy for black people to be judged as bad or incompetent if they make mistakes. It was, again, a shaky position that I had to be cautious with what I was doing because one mistake could cost everything I was trying to strive for. I feared that mistakes I made would destroy all the trust I tried to build. This anxiety and fear blocked a capacity to congruently be myself and presently engage with clients as described in this quote:

As soon as I *desire* I am asking to be considered. I am not merely here-and-now, sealed into thingness. I am for somewhere else and for something else. I demand that notice be taken of my negating activity insofar as I pursue something other than life; insofar as I do battle for the

creation of a human world- that is, of a world of reciprocal recognitions (Fanon, 1952/1991:218).

I think this statement can explain my internal process when I worked with a client. When I felt that I wanted to prove that I was good enough; when I wanted them to look over my race, I wanted to be recognised and trusted. And when these desires shadowed my mind, I was not being at here-and-now with clients. It was as if I set a goal for myself and wanted to accomplish it. Even though my goal involved clients, it was still for me. The goal was not to understand clients but it was to ‘present’ to the clients that I could understand them. I think these are different. A metaphor could be that when you read a book to know a story, your mind was in the process of reading and understanding the story. You could let yourself into emotions that come with a flow of reading it and appreciate entailed emotions. But when you read a book to take an exam; although you are concentrating on reading the book and trying to cognitively understand it. You do not only aim to understand the story but you also want to have a good grade. Thus, your mind could not be present in the process of reading and could not appreciate the entailed emotions because your mind is worrying about the exam and how to get it right. Emotions are blocked while the energy is spent on thinking rather than feeling. Probably this could explain why I sometimes found it difficult to use my self in therapy i.e. countertransference or felt-sense because I did not let myself enjoy reading books but I was striving for good marks from the exam.

Another time that reminds me of the consequences of racial difference is when clients cancelled their therapy. These unplanned endings occurred after an initial session or after the first few sessions. I was given reasons for the cancellations such as language difficulty, age, or a feeling that our therapy would not go anywhere. I tried to figure out what I had done wrong with my supervisors so that I could improve myself. I did not want to think that racial issues could be a possible reason for the cancellations. If it is the case, I am hopeless to improve myself because I cannot change but accept who I am. Chao (2011), an Asian trainee therapist, gives an example of an incident when a white client asked for a white therapist because the client doubted her language skill and her ability to understand the client culturally. Chao (2011:224) states that “Because I could not change my birth or my accent to

demonstrate my empathy and willingness to help, I was at a loss about knowing what to do with *myself*'. Chao does not explain why she italicises the word *myself* at the end. What I interpret is that she wanted to emphasise that therapists of colour, especially trainee therapists, tend to internalise white clients' racial rejection as if the therapists' race caused the issues and if the therapists could change all these differences, they would do so as to be accepted by white clients. Although I felt my fear from deep down that this could be the reason, I denied it and did not raise this fear of racial issues to any supervisors, peers and tutors. I normally discussed with them that "what I have done" might have interfered with clients' trust. From thinking that I might have done something wrong, I could feel my power to control things. If something goes wrong, it is because I make a mistake, not because I am the mistake. In fact, there was also a fear that "who I am" might also have affected clients' trust but this fear has not been disclosed. The difference between my experiences in working with white clients and Chao's (2011) is that I have not been explicitly or verbally challenged by any clients regarding our cultural differences. Thus, I was left wondering whether racial difference was exactly the hidden issue of the cancellations. This not-knowing whether clients cancelled their counselling because of their doubt in our racial differences was my struggle in my practice as it could drive people of colour crazy (Pitts, 2002). The fear of being looked at and the need to look back to see if there is any real discrimination, as discussed in section 2.8, have been a reoccurring process since my childhood. The feeling of being oppressed due to the difference in skin colour in childhood replicated itself as the fear of being judged and rejected in the racially oppressive society. Interestingly, the process of writing this thesis can also be interpreted as a process of 'looking back'. However, the process of looking back at this present time is reflected not with a sense of paranoia but with a sense of openness for self-understanding.

Chapter 9: What We Have Learnt and What We Can Explore Further

This chapter utilises my experiences in therapy as a trainee therapist of colour working with white clients for further exploration in therapeutic context, in counselling training programme and in our community. I aim to move beyond the reflections and interpretations of my internal process and contribute further perspectives to counselling and the wider communities. Since I am a therapist, a student and a member of various communities, I separate my learning in three sections according to what can be contributed to the three different contexts.

9.1 In Therapeutic Context

Although this thesis recounts experiences of a trainee therapist of colour, I think the experiences can contribute knowledge in counselling and psychotherapy to both white therapists and therapists of colour regardless of their professional experience. Some experiences may be particular to therapists of colour but having understanding about the internal process of therapists of colour can also enhance white therapists' sensitivity and awareness in cross-cultural therapy, their capacity to reflect their own racial identity and race-related experiences in therapy, and also to empathise with and support their professional colleagues.

My experiences about working with white clients in chapter 8 show that I did not mention racial difference to be discussed in therapy. As a result of unrecognised internalised racism, silence on racial difference is a strategy to prevent my difference from being noticed. Silence is a common strategy for people of colour to protect themselves and survive in oppressive daily lives (Osajima, 1993). How I dealt with oppression due to difference in skin colour and race since childhood was to do everything apart from challenging it openly as a racial oppression. Thus, I learnt to cope with the issues in silence. I thought that by being silent about racial difference, race would not become an issue in therapy. That was my illusion. Talahite and Moodley (2004:213) argue that race becomes absolute and essential under silence, "...the silence of race constructs and reinforces a place of memory where historical

pain, anger and hurt can be re-experienced”. What can be interpreted from this statement is that historical pain, anger and hurt are projected to silence. Thus, avoiding racial issues in therapy can cause the feelings about the issues of therapists and of clients to be re-experienced in therapy.

The fear of the critical gaze of others from childhood experiences were triggered in a form of the fear of the western gaze when living in western contexts. The feelings of being self-conscious, different, visible, inferior and of shame were triggered alongside this fear. Some strategies I used to cope with these feelings in therapy were employed in similar patterns that I did in my childhood. I tried to perform whiteness in a sense that I tried not to let clients know that I did not understand what they were saying or that I was not familiar with their local communities. I tried to hide my racial identity under my professional identity by idealising my professional identity, adopting a colour-blind attitude, and avoiding raising or challenging racial issues in therapy. I seek for white clients’ reassurance and acceptance and tried to prove that I could be their therapist. I avoided mentioning our cultural differences with white clients because I did not want to be reminded of or to remind them of the differences. The chance to explore the issue of cultural differences was shut. I tried to show that I could understand what clients said but also avoid showing any signs of not knowing. I acted as if I was a ‘normal’ professional counsellor, not a Thai trainee counsellor. This left me no room for making a mistake or asking for clarification. Yi (2006) warns that therapists risk misinterpreting clients’ materials or forcing the issues on clients if therapists neglect to examine their own pre-existing vulnerabilities about racial issues. My capacity to be present and congruent with clients was limited by my anxiety to perform counselling well and to perform whiteness. My capacity to recognise any possible transference, projection and projective identification in the therapeutic relationship with clients was interfered by my own countertransference.

I cannot suggest whether therapists should always raise issues of racial difference in therapy or not. I do not think that there is a simple answer to this question especially when racial issues are not apparent in clients’ materials despite the argument that therapists’ race always affects cross-racial therapy (Talahite &

Moodley, 2004; Thomas, 2000). I would like to quote what Holmes (1999:331) states about the importance of therapists' racial awareness as follows:

...it is within the analytic therapist's capacities and obligation to explore this realm in his own treatment and thereby, to gain the courage, sensitivities and skill to be alert to and ready to work with its inevitable emergence in the treatments she conducts. It is a difficult but necessary calling.

Courage, sensitivity and skill, I think, are the key for therapists to work on racial issues in therapy. I believed that I was sensitive enough to notice racial issues in my therapy and I also learned some skills to explore them with clients. However, I did not have the courage to raise the issues or pick them up for exploration. Unrecognised internalised racism kept me inside the fear of rejection. I did not explore my struggle with my racial identity so I was still stuck with my own racial issues, which made it very difficult to address racial difference with clients. Moreover, Holmes' statement (1999) about being alert to and ready to work with racial issues' inevitable emergence in therapy suggests that racial issues are inevitable, though they could be hidden, waiting to emerge anytime. Holmes (1999) did not suggest whether therapists should always raise racial issues in cross-racial therapy or not. I do not think that anyone can confidently suggest it; as Thomas (2000) argues, knowing when it is appropriate to explore openly racial issues in therapy is critical. However, what I think that every therapist can agree on is that focusing only on similarity and ignoring differences in therapy is not actually helpful in therapy. Chantler (2004) argues that focusing only on similarities and ignoring differences is considered as conforming to dominant culture and reproducing colonial-paternalistic relations, which sustains systems of oppression based on inequalities. Therapists who claim that they do not see any racial difference because they treat every client similarly and equally risk overlooking transference and countertransference about racial difference and repeating the same ignorance that is happening in the outside world.

Moreover, we have many other differences apart from race. A difference that is 'the figure' for me could be 'the ground' for clients and vice versa (see section 2.2). Speaking from my experiences as a therapist of colour who has internalised

racism, raising racial difference which is my 'figure' or my vulnerable difference for discussion in therapy could set me free to be myself and to congruently engage and work therapeutically with white clients. This may sound as if I put my personal issue forward in therapy and it may be seen inappropriate because it is a therapist's personal issue. However, racial difference is inevitably present in cross-racial therapy and it requires therapists' congruence and clients' trust in order to work therapeutically. By not discussing racial difference with clients, I was stuck in the fear and not-knowing of clients' judgement of my race, which obstructed my ability to congruently engage with the clients.

Tyler, Brome and Williams (1991) raise another different point of view about clients' role in cross-racial therapy. They argue that in order to develop therapeutic relationship in cross-racial therapy, both therapists and clients must move beyond their social and historical legacies. Therapists of colour must move beyond their expectation that white clients are going to exploit or oppress them while white clients must move beyond their self-superiority (Tyler et al., 1991). Although what Tyler and colleagues suggest sounds too simple that people must move beyond their racial fixation, I think their argument offers significant point of view that clients also have the important role in the process of establishing therapeutic relationship. Every relationship including therapeutic relationship needs both parties to build a relationship. In therapy, white clients and clients of colour also take an important role of being open to work with racially different therapists. I would not have been able to be congruent and work therapeutically with white clients if I had not experienced any positive therapeutic relationships with any white clients. I would have still been stuck in the fear of rejection as a result of internalised racism if I had always experienced clients' rejection or premature endings. It was a positive experience of therapeutic relationships with white clients that gradually facilitated my self-confidence as a therapist of colour.

9.2 In Counselling Training Programme

As discussed in section 2.3, people of colour who have internalised racism may not be aware of it or want to hide it due to shame and guilt. Moreover, silence is a strategy people of colour adopt to protect themselves and survive in a context of racial oppression. Under the silence, there could be an on-going rage, fear, embarrassment, or wonder whether what they experience has racial connotation or not. Accordingly there is a risk that people from outside may not notice the silence or interpret it as a shy characteristic from cultural background especially if it fits one's stereotype. I am one of those people of colour who have been in silent about my fear, shame and guilt regarding my racial identity. I did not realise that what I was feeling resulted from internalised racism. I only felt that my feelings were not normal, or unacceptable because it happened without any direct racial attack. Thus, I kept them in silence. Coming from eastern culture, my silence could have been stereotypically interpreted as the cultural norm. Tutors probably did not want to challenge this silence because they had 'cultural awareness', wanted to respect the 'multicultural diversity' or trusted that students of colour would be able to voice racial issues when the time was right for them. Paradoxically, the so-called cultural awareness unintentionally led to further suppression. This could result from what Osajima (1993) warns that stereotypical images of one's cultural background may divert our thinking from racial issues to typical characteristics of one's culture. As a trainee therapist of colour who kept the feelings of internalised racism for the whole counselling training programme, I would say that counselling tutors and supervisors have some power to help inexperienced students tackle these issues. Some people of colour are stuck in their conflicting feelings about their racial identity and blame themselves or think that it is their problem or that they are the problem rather than the problems are the result of our historical, political and social systems. They do not have the knowledge and the language to externalise the racial problems. Therefore, waiting for the students of colour to raise the issues of internalised racism would only facilitate the students' attempt to hide the issues. Adding internalised racism as a subject in a curriculum can offer all students, regardless of their races, some understandings of self and others. In therapeutic practice, it is likely that trainee therapists of colour blame themselves for premature endings of counselling or think

that they make mistakes or that they are the mistake. Mirsalimi (2010) shares his experience that being aware of his countertransference and knowing that clients' prejudgement of him according to his being Iranian resulting from skewed media presentations of Iran helps him to accept what he cannot change and find what he can control over the issue. Therefore, having knowledge and awareness regarding racial prejudices and internalised racism can help students of colour deal with the issues emotionally and therapeutically. Moreover, I believe that people of colour can talk about internalised racism or the feelings of it only when they feel safe. Feeling safe, for me, is that the feelings of internalised racism I raise will be listened to and explored further instead of being dismissed, put into silence again or judged as being too sensitive or using the race card. It is a role of counselling tutors to facilitate a safe environment for students to explore their vulnerabilities including racial identity. In chapter 7, I analysed my experience that I needed a permission from white peers and tutors to share my story so as to make sure that what I was going to say would be accepted. Fanon's statement (1952/1991) in chapter 8 also implies that people of colour want white people to call out their differences so that people of colour can show them. Accordingly, I think that students of colour especially those who are surrounded mostly with white peers and white tutors may want a chance to speak up and a challenge to examine their racial identity, especially internalised racism. However, they might not feel entitled to do so or they have been used to using silence as a strategy to survive. Having a safe environment and being welcome or sometimes challenged can give them a chance to explore their hidden self and be themselves.

Moreover, my experience of idealising my professional identity with an illusion that it can mask my racial identity shows that there was a racial issue underlying a seeming attempt to be a perfect therapist. The avoidance of making mistakes and the need to be in control in therapy might not be a result of perfectionism. Internalised racism could also influence therapists of colour to strive for being perfect therapists in order to seek clients' approval and manage the struggle of their racial identity. This possibility is what counselling supervisors and trainers may keep in mind in order to facilitate and challenge trainees' therapeutic practice.

One of the tutors told me that he was surprised when he read my experience about the presentation in a difference and diversity class in chapter 7. It was as if the presentation made me feel more different rather than empathise with and understand issues of difference. This is a task that tutors in counselling programme need to review and rethink. I discussed that the presentation used the standard of being white, middle/upper class, able-bodied, heterosexual male in working age as the benchmark of normalcy. However, Asian beliefs and Asian cultures (seen as minority ethnic and thus different from white standard) is not a difference for me. Working with white clients is actually unfamiliar and different. Therefore, learning to work with minority ethnic groups including Asian, I felt that I was a subject of the study. I felt that we (with white classmates) were learning how to work with me (minority ethnic group). So, I felt that the difference was projected to me. I realise that minority ethnic groups also include other groups apart from my own ethnicity. However, the study about difference and diversity seemed to dichotomise the subjects of the study into two groups: majority ethnic group (white) and minority ethnic group (non-white). Thus, it was easy for me to quickly identify myself with the minority ethnic group despite the diversity within the group. Moreover, there was perhaps an assumption that we did not have to explore on the issues of working with white clients because white and western cultures were the norm. When we read about working with people or clients in textbooks, they mean working with a white group. Thus, everyone should have known about working with white clients in white contexts already. Flojo (Ali et al., 2005) argues from the perspective of a trainee of colour that the majority of the curriculum and training materials support white, European American trainees' learning and their specific needs in multicultural counselling while the specific needs and experiences of trainees of colour have rarely been addressed. What supports Flojo's argument can be the fact that racism tends to be the focus of multicultural counselling while internalised racism may not even be mentioned. This assumption and structure must be challenged especially in an international counselling programme.

9.3 In Our Communities



I would like to invite you to look at the photo above and observe your feelings and thoughts on it. What are you seeing? What are you feeling? Do you identify yourself with the brown skin or the white skin? What do you feel when a racially different person gives you this card?

It is probably not surprising that I was the brown one and that I suddenly became self-conscious with my skin colour when I received this card from a 7-year-old, white Scottish girl I was working with. There was an upsetting feeling inside me but I did not know what it was. I was not angry with her because I did not think that there was any underlying racial intention or discrimination. It was merely an innocent perception of my actual physical appearance that made her choose the brown felt for me. I consciously and rationally had to think in that way so as to overcome any immediate negative feeling. Thinking about being handed the brown skin felt, I think my upsetting feeling can be analysed that I was reminded of being the little girl in the Art class having a conflicting feeling inside about what colour I would choose to paint my portrait (see chapter 5). *'Why did you give me brown? I don't want brown. I want 'See-Nuer', just like you and everyone else!'* perhaps was in my mind. The repressed feeling of not wanting to be black (brown) was brought to conscious state again by this visible brown felt. The incidents of being given a brown felt or a black doll happened now and then but there was no negative meanings attached to it from this little girl. She gradually helped me learn to accept my skin colour as part of who I was by mirroring my skin colour using visible objects while accepting it...accepting who I was. In our last session, we exchanged cards as farewell gifts to each other. She used a brown felt to represent me and a pale yellow felt to represent her again. This time, the brown felt and the pale yellow felt were holding hands on the same page. The artwork meant to me that a person of colour and a white person were holding hands showing the good relationship. That gift of hers made me realise that despite our difference in skin colours (and other differences), it does not mean that we cannot have an equal relationship.

As discussed in section 2.2, the contrasting and splitting of values between blackness and whiteness shows the relationship between the two. The negativity associated with blackness distributes the positivity to whiteness (Meer, 2014), which

means that one helps to define the other. Accordingly, blackness and whiteness are relational. Fanon (1952/1991:51) describes the relationship between black people and white people as follows:

We understand now why the black man cannot take pleasure in his insularity. For him there is only one way out, and it leads into the white world. Whence his constant preoccupation with attracting the attention of the white man, his concern with being powerful like the white man, his determined effort to acquire protective qualities- that is, the proportion of being or having that enters into the composition of an ego. As I said earlier, it is from within that the Negro will seek admittance to the white sanctuary. The attitude derives from the intention. Ego-withdrawal as a successful defense mechanism is impossible for the Negro. He requires a white approval. (Fanon, 1952/1991:51)

From Fanon's statement, black people cannot be content with themselves unless they can prove to white people that they are equal. Although the statement gives a sense of despair and dependency, it gives an understanding that black people and white people are always related. The fixation or inferiority complex black people have cannot be solved only by black people per se but it must involve white people in the process. This supports that race, racism and internalised racism are formed through relationships, and thus they can be healed by relationships. My experience of having good enough relationships with my white friends, children and adult clients, and even strangers helped me realise that I could be accepted despite how I looked or where I came from. Accordingly, tackling issues of racism and internalised racism requires action from white people too. White people have an important role as a powerful and dominant group in society to acknowledge the existence of racial oppression and white privilege and resist them. Having a colour blind attitude does not mean that racial oppression does not exist. Not seeing colour does not mean that there is no difference. As Chantler (2004) has argued, seeing only similarities and ignoring differences will sustain systems of oppression based on inequalities. Racial oppression does not only come from an individual's racist action but it also comes from established institutionalised racism. As discussed in section 2.4, racial discrimination is transformed and subtly manifested under values of beauty, modernity, language, education, etc. Race needs to be recognised in order to be challenged (Meer, 2014). Racism and internalised racism must be recognised and spoken of by white people and people of colour. Our mundane, daily, fundamental

ways of living in the world contribute to racial classification (Knowles, 2010). In other words, people of colour who are not aware of internalised racism and live their lives trying to prove their humanity and similarity to white people by performing whiteness and renouncing their racial identity will not be able to be themselves without feeling oppressed or inferior. White people who are not aware of their white privileges or take the privilege for granted will maintain established systems of racial oppression despite their power to change. I am aware that what I am saying about what people of colour and white people should do sounds easy and simple that if we are all aware of what we are doing, everything will be great. Being aware of one's behaviours is not as easy or simple as it sounds. However, I hope that my thesis can be a step of the long and complicated journey for you, regardless of your race, to reflect on your racial experiences and be aware of your racial identity.

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